

State Demographics and Veteran Disability

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Abstract

This thesis examined the relationships between state demographic factors and disability receipt rates for the U.S. Department of Veterans Affairs' Disability Programs. In 2001, there were 25.3 million living veterans, with 2.7 million veterans receiving \$22.5 billion in disability payments. The percentage of the veteran population enrolled in a disability program varies greatly from state to state, ranging from a low of 7.2% to a high of 16.2% in 2001. This thesis attempted to answer the following questions regarding this variation: was there a significant relationship between disability receipt rates and state demographic factors? If there were significant relationships, did these factors apply consistently across all disability levels? I hypothesized there would be significant relationships and state demographics would be more likely to influence the disability receipt rates for mildly disabled veterans. I took demographic data from each state and performed statistical calculations to determine if there were significant relationships with the disability receipt rate. I then took the same state demographic data and compared them to the disability receipt rates for various levels of disability. The results supported the first hypothesis, showing significant statistical relationships existed. The results also showed the level of significance was not consistent across all disability levels but did not support the second hypothesis as most factors appeared to have less influence on the disability receipt rate for mildly disabled veterans. In summary, the thesis indicated an overall trend that as socioeconomic conditions declined the frequency and severity of disability in the veteran population increased. The thesis' results also revealed that states with a younger veteran population had higher disability receipt rates.

Biography

The author is currently the youngest state director of veterans affairs in the nation and has served in that position in the State of Vermont since 2001. Prior to that, he served as a commissioned officer in the United States Air Force from 1995 to 2001, achieving the rank of captain. He graduated from the State University of New York at Binghamton in 1994 with a Bachelor of Arts in Literature and Rhetoric. He was born in 1972 in New Hampshire. He has the good fortune to be married to Tracey M. Canino.

Dedication

In memory of Richard H. Clark, Sr.

Acknowledgments

I could not have completed this task without the support of my wife and mother, who are the two best people I have ever met.

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Introduction

The United States of America has a tradition of appreciation for those who have performed military service and especially those who have sacrificed their lives or health in the performance of their duties. Unfortunately, the harsh nature of military life often results in physical and mental injury that can continue to harm veterans many years after their return to civilian status. Since the Revolutionary War, veterans who have disabilities resulting from their service have received medical care and monetary payment to compensate them.¹

In 2001 there were 25.3 million living veterans, with 2.7 million enrolled in a United States Department of Veterans Affairs (USDVA) disability program.² Although the guidelines used to process these programs are standardized nationwide, large variations in the percentage of veterans receiving disability assistance exist between states. This thesis will answer the following questions regarding this variation: is there a significant relationship between disability receipt rates and state-level factors, such as demographics and available services? If there are significant relationships with state factors, what are these factors? Finally, do these factors apply consistently across all disability levels?

My first hypothesis is that there is a significant relationship between certain statewide factors and disability receipt rates. If this hypothesis is not supported, the

¹ USDVA, The Veterans Benefits Administration: An Organizational History, 1776 - 1994 (Washington, DC: USDVA Office of the Secretary, 1995) 1.

² USDVA, VetPop 2001 (Washington, DC: USDVA Office of Policy and Planning, 2001) Table 6L.

alternative is that variations in disability receipt rate are merely a result of the random distribution of veterans with disabilities. My second hypothesis is that the significant factors are less likely to influence veterans with severe or total disability. I anticipate the data will show that there is a stronger relationship between these factors and veterans with mild disability, as veterans with mild disability are more likely to have local conditions determine if they apply for assistance. If this hypothesis is not supported, there are two possible alternatives. The first is that other categories of veterans are more likely to be influenced by state factors, such as the severe or moderate disability categories. The second is that veterans at all disability levels are influenced equally by the significant state factors.

This thesis will test if there are statistical relationships between disability receipt and state factors. In doing so it will either substantiate or disprove two commonly held beliefs in the veteran service community regarding what influences disability receipt rates. It will not, however, present veteran service providers with specific policy guidelines on how to implement their programs to better serve the veteran population. As a member of the veteran service community, I believe that many service programs have been implemented based solely on anecdotal and incomplete information on the population we serve. Although I believe this thesis is a step in the right direction, like many research problems it will create as many questions as it does answers. It is my hope that this thesis will be a starting point for additional statistically sound research by the USDVA, the National Association of State Directors of Veterans Affairs (NASDVA), and Veteran Service Organizations (VSOs).

Veterans and the Organizations That Assist Them

US Code Title 38 establishes federal benefits for veterans and their family members. Section 101 of this title defines a veteran as someone “who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.”³ The section continues on to define in detail the terms used. In short, veterans are people who served in the US Army, Navy, Coast Guard, Marines, or Air Force on active duty. They must have received a discharge that was “honorable”, “under honorable conditions” (sometimes called a “general discharge”), or “under other than honorable conditions.” National Guard and reserve members do not earn veteran status unless they have been mobilized by the President, have prior federal service, or were disabled as a result of their duty. Even just one day of service provides veteran status. The result is that there can be significant differences in experience among veterans. Someone who failed to make it through basic training and received an “under other than honorable conditions” discharge would be considered a veteran, just as would someone who retired as a general with thirty years of service. It is important to note, however, that each veteran benefit program usually includes additional eligibility criteria. For example, only veterans who served during a war period can receive Improved Pension from the USDVA. The result is that not all veterans are eligible for all veteran benefits.

The federal government provides the most benefits and services for veterans. Although many federal agencies have programs designed to assist veterans, the most substantial benefits for veterans are administered by the USDVA. Formerly the Veterans Administration, the USDVA is the second largest government department in the United

³ 38 US Code, Section 101.

States (only the Department of Defense is larger),⁴ and since 1989 its Secretary has been a member of the President's cabinet. The USDVA is broken into three main entities: the Veterans Benefits Administration (VBA), the Veterans Health Administration (VHA), and the National Cemetery Administration. This thesis will be primarily concerned with the VBA, as it is "responsible for administering nonmedical benefits to veterans and their dependents."⁵ Some of the benefits the VBA provides are Disability Compensation, Improved Pension, education benefits, survivor benefits to the families of deceased veterans, and home loan guarantees. Typically, VBA staff are not co-located with the VHA medical facilities. The VHA provides a full-range of medical care for eligible veterans through its hospitals and community clinics. Although the VBA's programs are the main focus of this thesis, I will also examine the influence of VHA facilities on disability receipt rates to determine if access to healthcare is a factor. One challenge to examining VHA and VBA in this thesis is that the service regions of these organizations do not follow state boundaries.

In the opening statements of State and Local Government, James Q. Wilson describes how variations in state government can be quite extreme throughout the United States.⁶ As can be expected, there is a tremendous disparity in the assistance provided to veterans in different states, as each state offers a unique selection of benefits and services that are independent from federal programs. These programs are typically administered by a state department of veterans affairs (SDVA). Some examples of the state benefits

⁴ USDVA, Facts about the Department of Veterans Affairs (Washington, DC: USDVA Office of Public Relations, 2002) 1.

⁵ USDVA, The Veterans Benefits Administration, 2.

⁶ James Q. Wilson and John J. Dilulio, Jr., State and Local Government, 2nd ed. (Boston: Houghton Mifflin, 1998) 1.

offered are property tax reductions, education benefits, veteran cemeteries, veteran nursing homes, and many different veteran recognition programs. Some examples of the services are claims assistance, military record programs (to guarantee that military service can be verified), and access to social workers focused on assisting veterans with their specific needs. Nearly every state provides claims assistance, which means that state or local government employees directly assist veterans with applications for federal benefits.

Although each state's operation is independent of other states, the National Association of State Directors of Veterans Affairs (NASDVA) provides a forum for the exchange of ideas between state programs and has recently begun work to create national standards for claims assistance. According to the association's constitution, its first duty is to "foster the effective representation of persons claiming entitlements"⁷ resulting from military service, especially applications for disability. Within states, a final level of government assistance to veterans is at the county and city levels, as many states have local government employees provide claims assistance.

Outside of government, veteran service organizations (VSOs) provide benefits and services to veterans. Most VSOs are funded by members' dues, and the wives and daughters of male members are eligible to join a ladies auxiliary attached to the organization. The largest VSOs have a national presence and are chartered by Congress. Since it would be impossible to survey the thousands of independent organizations that assist veterans within the scope of this thesis, I will focus primarily on the three largest national organizations, which are the American Legion, the Veterans of Foreign Wars of

⁷ NASDVA, Constitution and Bylaws (Honolulu, HI: Hawaii Department of Veterans Affairs, 2000) 2.

the United States (VFW), and Disabled American Veterans (DAV). These are the only three VSOs with more than one million members, and all three have a strong commitment to providing disability claims assistance. The American Legion has 2.8 million members, with an additional 1 million auxiliary members.⁸ Veterans must have had at least one day of service during a period of conflict in order to be eligible for membership. The VFW has 1.9 million members and an additional 750,000 auxiliary members.⁹ Veterans must have served at least one day in a foreign country to be eligible for membership. DAV has 1.2 million members,¹⁰ and veterans must have a service-connected disability to be eligible for membership. Many veterans become members in multiple organizations.

Disability Programs and the Application Process

In federal fiscal year 2001, the USDVA paid disabled veterans \$22.5 billion through its two disability programs, Disability Compensation and Improved Pension,¹¹ which are referred to collectively as C&P. Disability Compensation assists veterans who developed a “disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty.”¹² In 2001, there were 2.3 million veterans receiving Disability

⁸ USDVA, 2003 Directory Veterans Service Organizations (Washington, DC: USDVA Office of the Secretary, 2003) 6.

⁹ USDVA, 2003 Directory Veterans Service Organizations, 41.

¹⁰ USDVA, 2003 Directory Veterans Service Organizations, 16.

¹¹ Geographic Distribution of Veterans Affairs Expenditures for Fiscal Year 2001, USDVA, 8 January 2003 <[http://www.va.gov/vetdata/GeographicInformation/WEB\(2\)-GDX-FY2001.xls](http://www.va.gov/vetdata/GeographicInformation/WEB(2)-GDX-FY2001.xls)>.

¹² 38 US Code, Section 1110.

Compensation.¹³ Veterans receiving Disability Compensation are given a disability rating from the USDVA ranging, at 10% intervals, from 0% to 100%, with 0% for veterans with a disability that creates little or no interference with normal life functions and 100% for those who are completely unable to perform normal life functions. Veterans with disabilities rated 10% or higher receive monthly financial compensation, with assistance ranging from \$104 to \$2,610 per month¹⁴ depending on the severity of the disability and their number of dependents.

Improved Pension provides monetary support to veterans “with low incomes who are permanently and totally disabled”¹⁵ from conditions that are not a result of military service. As a result, this program is sometimes referred to as non-service connected disability. In 2001, there were 386,000 veterans receiving Improved Pension nationwide.¹⁶ In comparison, there are roughly six times as many veterans receiving Disability Compensation as there are receiving Improved Pension. Eligible veterans receive enough financial assistance to raise their income to between \$807.50 per month and \$1,597.25 per month¹⁷ depending on their number of dependents. For example, if a single veteran with no dependents has a monthly income of \$400 from a Social Security Administration disability program, Improved Pension will provide an additional \$407.50 to raise that veteran’s income to \$807.50. This program also provides a safety net for

¹³ USDVA, VetPop 2001, Table 6L.

¹⁴ Compensation Rate Table, USDVA, 1 December 2002
<<http://www.vba.va.gov/bln/21/Rates/comp01.htm>>.

¹⁵ USDVA, Federal Benefits for Veterans and Dependents 2002 Edition (Washington, DC: USDVA Office of Public Affairs, 2002) 20.

¹⁶ USDVA, VetPop 2001, Table 6L.

¹⁷ Improved Disability Pension Rate Table, USDVA, 1 Dec 2002
<<http://www.vba.va.gov/bln/21/Rates/pen01.htm>>.

older veterans, as any veteran over the age of 65 is considered by the USDVA to be “permanently and totally disabled.” Some veterans may be eligible to receive assistance from both Disability Compensation and Improved Pension, and in 2001 there were 80,000 veterans receiving both.¹⁸ Since far more veterans received Disability Compensation and this program has eleven differing levels of disability, some portions of the thesis will look more specifically at this program.

Veterans apply for Disability Compensation and/or Improved Pension by completing VA Form 21-526. The form comes in four sections with a total of 16 pages, with 21 pages of instructions. The application requires that detailed information about all medical conditions be attached, to include listing dates and locations of all treatment and medical records documenting each treatment. When the form is completed, the veteran delivers it to a VBA regional benefits office for processing. The VBA staff may request that the veteran provide additional documentation to support his or her claim. In 2001, the average time the VBA took to process a claim and provide the veteran a decision was 205 days.¹⁹ If the veteran disagreed with the decision, it could be appealed, with the average appeal taking 672 days to process once submitted.²⁰ I would like to emphasize that I do not mean to criticize VBA staff. The very nature of their work makes disability claim adjudication a very labor intensive process, and safeguards must be in place to ensure that the billions of dollars annually spent by these programs goes towards legitimate claims.

The difficulty of this process can be seen in the following example: a 70-year-old

¹⁸ USDVA, VetPop 2001, Table 6L.

¹⁹ USDVA, Fact Sheet: VA Disability Compensation Claims Processing (Washington, DC: USDVA Office of Public Affairs, 2001) 1.

²⁰ USDVA, Report to the Secretary of Veterans Affairs (Washington, DC: USDVA, VA Claims Processing Task Force, 2001) 15.

male veteran applies for Disability Compensation for a back condition that was the result of falling off a truck during an ambush on the Korean peninsula in 1952. Since the veteran was in a forward position, he did not receive immediate medical care for his minor injury, and the incident was never documented in his records. The following year he separated service without a physical when the war ended. To be eligible for Disability Compensation, the veteran must prove that the condition was a result of military service and not a result of injuries sustained in the 50 years since his military separation. To make matters worse, his military records were most likely destroyed in a 1973 fire at the National Personnel Records Center, which means the veteran may have difficulty proving that he was even in Korea at the time of the incident.

The example above reveals why states, local governments, and VSOs provide claims assistance to veterans to help them apply for benefits, usually through a service officer. A 2001 USDVA survey showed that 45% of the veterans who applied for disability received assistance from a state or county service officer, and 38% received assistance from a VSO service officer.²¹ The remaining survey respondents applied for disability on their own without professional assistance. A service officer is a professional benefits counselor who has been certified by the USDVA to assist veterans in processing claims for benefits. A service officer will obtain a limited power of attorney to represent the veteran and will then apply for benefits on his or her behalf. The service officer completes all application paperwork and is familiar with the methods of locating military and medical records to substantiate claims. Many times, service officers are co-located within VBA facilities, even though they are not USDVA employees, so they have direct communication with the VBA staff processing the claim.

²¹ USDVA, Survey of Veterans' Satisfaction with the VA Compensation and Pension Claims Process (Washington, DC: Veterans Benefits Administration Office of Data Management, 2002) A46, A47.

Although C&P are administered with national standards, the system of delivery is not standard because the USDVA depends on states, local governments, and VSOs to assist veterans applying for benefits. In addition, many in the veteran service provider community feel that the USDVA does not adequately market its benefits. This in turn means local governments and VSOs spend their resources to educate veterans on their benefits. The result is that the “front-end” of the application process, reaching out to veterans and assisting them with their claims, is not handled by the USDVA. This condition was recognized by the National Governor’s Association in its Veterans Affairs Policy paper:

The USDVA does not have a standardized delivery system that ensures veterans living in different states and territories receive the service-connected disability compensation and non service-connected disability pension benefits to which they are entitled. The USDVA depends on a mix of national service organizations, state departments of veterans affairs, and county veterans service offices to deliver these services to veterans. Currently, large variances exist in outcomes.²²

Existing Research

For a program that annually delivers billions of dollars of federal assistance to veterans, there is a noted absence of academic research on this subject. Neither the Rand Corporation nor the Brookings Institution, two think tanks that regularly study government programs, has performed research on the delivery of C&P to veterans. I became aware of the need for research when I become Vermont’s director of veterans affairs. Receipt rates for C&P were regularly discussed by state directors at NASDVA meetings, but there was no sound research and analysis on this topic to validate the views

²² HR-9. Veterans Affairs Policy, National Governors’ Association, 23 February 2003, <http://www.nga.org/nga/legislativeUpdate/1,1169,C_POLICY_POSITION^D_516,00.html>.

we held about these programs. What is available is a tremendous amount of raw data that are relevant to this thesis, primarily from the USDVA and the US Census Bureau (USCB). In recent years, organizations such as NASDVA have taken these raw data and molded them into products that are relevant for state directors. As a result, most of the data used in this thesis to test my two hypotheses are provided by the USDVA, USCB, and NASDVA. Additional data will be obtained from VSOs and individual states as needed.

Disability Receipt Variations between States

The number of veterans receiving C&P varies significantly between states. These differences can be measured both in the percentage of veterans receiving disability and in the percentage of service-connected disabled veterans in each disability category. The two tables below provide a starting point of analysis for all comparisons in this thesis, and both tables rely on data collected by the NASDVA.

Table 1 ranks states by the percentage of all veterans receiving C&P. Three statistics for each state are provided: the percentage of veterans receiving C&P, the percentage of veterans receiving Disability Compensation, and the percentage of veterans receiving Improved Pension. Because veterans can receive both Disability Compensation and Improved Pension at the same time, the C&P percentage is not the sum of the other two percentages. The veterans receiving C&P percentage is the most often used value for this thesis. The NASDVA combined veteran population data from Census 2000 with disability numbers provided by the USDVA to develop these figures.

Even without further comparison to other statistics, this simple product begins to reveal clues as to what factors may have a relationship with C&P receipt rates. Many of

the states near the top of the list share certain characteristics, as do those towards the bottom. The top of the list is dominated by rural states, with only three of the top fifteen states located on the east or west coast of the lower forty-eight states. Only one of the top states has a significant metropolitan area, while seven of the bottom states are dominated by large cities.

The variations in the Improved Pension receipt rate provides another clue from Table 1, as the variations are far more extreme than in Disability Compensation. The receipt rates for this smaller program, with its income restrictive eligibility requirements, range from .3% to 2.4%, an eight-fold difference. The receipt rates for Disability Compensation, however, only range from 6.3% to 15.9%. Most telling, the states with the highest Improved Pension receipt rates, Mississippi, Louisiana, and West Virginia, are noted for their lower incomes.

Table 1. State Variations in Disability Receipt Rate (DRR). This table ranks the 50 states by the percentage of veterans receiving Disability Compensation and/or Improved Pension (C&P). It also includes separate columns for the percentage of veterans receiving Disability Compensation and Improved Pension.

	<i>State</i>	<i>Receiving C&P</i>	<i>Receiving Disability Compensation</i>	<i>Receiving Improved Pension</i>
1	Alaska	16.2%	15.9%	0.3%
2	Oklahoma	14.5%	13.0%	1.9%
3	Alabama	14.2%	12.5%	2.0%
4	Maine	14.1%	12.8%	1.7%
5	New Mexico	14.1%	13.0%	1.4%
6	South Dakota	13.2%	11.7%	1.9%
7	Texas	13.1%	12.1%	1.3%
8	Arkansas	13.0%	11.3%	2.0%

	<i>State</i>	<i>Receiving C&P</i>	<i>Receiving Disability Compensation</i>	<i>Receiving Improved Pension</i>
9	Nebraska	12.7%	11.8%	1.2%
10	Mississippi	12.6%	10.7%	2.4%
11	North Carolina	12.6%	11.6%	1.3%
12	Washington	12.6%	12.1%	0.7%
13	West Virginia	12.6%	11.1%	2.1%
14	Georgia	12.5%	11.4%	1.3%
15	Montana	12.5%	11.5%	1.3%
16	North Dakota	12.2%	11.1%	1.4%
17	South Carolina	12.2%	10.9%	1.5%
18	Hawaii	12.1%	11.6%	0.6%
19	Virginia	12.0%	11.4%	0.8%
20	Florida	11.9%	11.2%	1.0%
21	Kentucky	11.8%	10.4%	1.7%
22	Louisiana	11.8%	10.0%	2.3%
23	Massachusetts	11.6%	11.0%	0.8%
24	New Hampshire	11.4%	10.9%	0.6%
25	Rhode Island	11.3%	10.6%	0.9%
26	Tennessee	11.3%	10.0%	1.6%
27	Colorado	11.2%	10.7%	0.6%
28	Idaho	10.9%	10.2%	0.9%
29	Nevada	10.8%	10.0%	1.0%
30	Arizona	10.5%	9.9%	0.8%
31	Oregon	10.5%	9.6%	1.2%
32	Wyoming	10.5%	9.9%	0.7%
33	California	10.0%	9.3%	0.8%
34	Maryland	10.0%	9.4%	0.7%
35	New York	10.0%	9.2%	1.1%
36	Kansas	9.9%	9.1%	1.0%
37	Minnesota	9.6%	8.9%	0.9%
38	Vermont	9.5%	8.8%	0.9%
39	Delaware	9.4%	9.0%	0.6%
40	Missouri	9.4%	8.3%	1.3%
41	Wisconsin	9.3%	8.6%	0.9%
42	Utah	9.2%	8.8%	0.6%
43	Ohio	8.8%	7.9%	1.1%

	<i>State</i>	<i>Receiving C&P</i>	<i>Receiving Disability Compensation</i>	<i>Receiving Improved Pension</i>
44	Pennsylvania	8.6%	7.8%	1.0%
45	New Jersey	8.5%	8.1%	0.5%
46	Indiana	8.1%	7.5%	0.7%
47	Michigan	8.0%	7.3%	0.9%
48	Iowa	7.9%	7.0%	1.1%
49	Connecticut	7.8%	7.3%	0.6%
50	Illinois	7.2%	6.3%	1.0%
	<i>Average</i>	<i>10.7%</i>	<i>10.2%</i>	<i>1.1%</i>

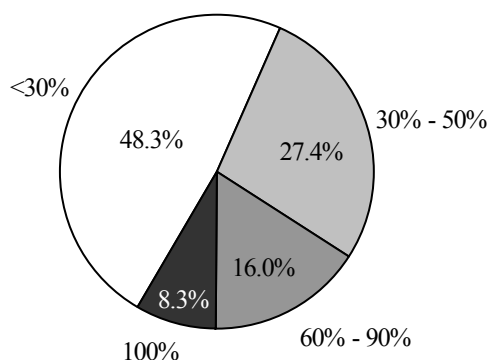
Source: NASDVA, 2003 State Disability Tables (Madison, WI: Wisconsin Department of Veterans Affairs, 2003) 1-82.

Table 2 displays the percentage of all veterans that falls into four disability categories used for this thesis: mild disability (less than 30%); moderate disability (30% to 50%); severe disability (60% - 90%); and total disability (100%). Since Improved Pension does not have varying degrees of disability, Table 2 only lists values for Disability Compensation. Again, the NASDVA combined Census 2000 and USDVA data to create these numbers. Since this table lists four independent values, the states are not ranked and are listed in alphabetical order. Unlike Table 1, the complexity of Table 2 prevents any clues from becoming immediately apparent.

The number of veterans in each of these categories declines as the disability level increases, with almost half of the service connected veterans falling below 30% disabled and three-quarters of the veterans in the first two categories. The pie chart at Figure 1 below shows the nationwide distribution of service-connected veterans. The average level of disability for service-connected veterans nationwide is 35.4%.²³

²³ NASDVA, 2003 State Disability Tables, 1-82.

Figure 1: Nationwide Distribution of Disability Compensation across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Table 2. Percentage of All Veterans in Four Disability Categories by State. This table lists the 50 states and shows the percentage of all veterans that fall into four service connected disability categories for Disability Compensation.

<i>State</i>	<i>Mild <30%</i>	<i>Moderate 30% - 50%</i>	<i>Severe 60% - 90%</i>	<i>Total 100%</i>
Alabama	5.9%	3.5%	1.8%	0.9%
Alaska	6.4%	5.2%	3.4%	0.9%
Arizona	4.7%	2.6%	1.6%	0.8%
Arkansas	4.4%	3.0%	2.2%	1.3%
California	4.6%	2.5%	1.3%	0.7%
Colorado	5.2%	3.0%	1.5%	0.9%
Connecticut	3.9%	1.8%	0.9%	0.6%
Delaware	4.6%	2.5%	1.0%	0.7%
Florida	5.5%	2.9%	1.7%	0.9%
Georgia	5.7%	3.2%	1.5%	0.8%
Hawaii	5.6%	3.2%	1.7%	1.1%
Idaho	4.8%	2.8%	1.7%	0.7%
Illinois	3.3%	1.7%	0.8%	0.4%
Indiana	3.9%	2.0%	1.0%	0.5%
Iowa	3.4%	1.9%	1.0%	0.5%
Kansas	4.6%	2.4%	1.1%	0.8%

<i>State</i>	<i>Mild <30%</i>	<i>Moderate 30% - 50%</i>	<i>Severe 60% - 90%</i>	<i>Total 100%</i>
Kentucky	4.6%	2.9%	1.6%	1.0%
Louisiana	4.4%	2.6%	1.6%	0.8%
Maine	4.9%	3.2%	3.0%	1.4%
Maryland	4.7%	2.7%	1.2%	0.7%
Massachusetts	5.6%	2.8%	1.6%	0.9%
Michigan	3.9%	1.9%	0.9%	0.5%
Minnesota	4.4%	2.2%	1.4%	0.7%
Mississippi	4.7%	2.8%	1.7%	1.1%
Missouri	4.0%	2.2%	1.2%	0.6%
Montana	5.1%	3.2%	2.0%	0.9%
Nebraska	5.2%	3.2%	2.3%	0.9%
Nevada	4.9%	2.6%	1.5%	0.7%
New Hampshire	5.3%	3.0%	1.7%	0.8%
New Jersey	4.3%	2.0%	1.0%	0.6%
New Mexico	5.1%	3.2%	3.2%	1.2%
New York	4.8%	2.3%	1.2%	0.7%
North Carolina	5.2%	3.3%	1.9%	1.0%
North Dakota	5.4%	2.9%	1.6%	0.8%
Ohio	4.2%	2.1%	0.9%	0.5%
Oklahoma	5.0%	3.5%	2.7%	1.4%
Oregon	4.0%	2.6%	1.8%	1.0%
Pennsylvania	3.9%	2.0%	1.1%	0.6%
Rhode Island	5.1%	2.6%	1.7%	0.9%
South Carolina	5.2%	3.0%	1.6%	0.9%
South Dakota	5.4%	3.1%	1.8%	1.0%
Tennessee	4.7%	2.7%	1.4%	0.9%
Texas	5.5%	3.3%	2.1%	0.9%
Utah	4.2%	2.5%	1.3%	0.6%
Vermont	3.9%	2.3%	1.6%	0.8%
Virginia	5.5%	3.5%	1.6%	0.7%
Washington	5.6%	3.4%	2.1%	0.9%
West Virginia	4.2%	2.9%	2.3%	1.2%
Wisconsin	4.3%	2.2%	1.3%	0.7%
Wyoming	4.7%	2.8%	1.4%	0.8%

Source: NASDVA, 2003 State Disability Tables, 1-82.

Plan for the Thesis and Statistical Methods

Tables 1 and 2 above create the framework for the rest of this thesis. Chapter I attempts to prove the first hypothesis by comparing the C&P receipt rate data from Table 1 to data from fifty-three statewide factors. Statistical calculations are performed to determine if significant relationships exist, and I provide a brief explanation of all factors to explain the results. Although I focus primarily on the combined C&P receipt rate, when significant differences exist I also examine the receipt rate for just Improved Pension, especially when the factor is related to income. Chapter II attempts to prove the second hypothesis by comparing data from Table 2 to the data from the significant relationships identified in Chapter I. In this chapter, I examine how significance changes across the four Disability Compensation levels and theorize on the reasons for the results. Finally, in the conclusion I explain the overall trends observed in both chapters and provide recommendations for the use of this data and for future study. All additional data used to perform the calculations for both chapters are provided in Appendix A. Appendix B provides scatter diagrams to visually represent the significant relationships examined in Chapter I. Appendix C provides bar graphs to visually represent the changes in significance across the four disability levels.

In both chapters, I test significance by using the t-test. This method uses the correlation coefficient between two sets of data and the number of data couples to determine if a significant relationship exists. The results are positive or negative depending on the nature of the relationship. Negative results indicate that as one factor increases, the other decreases; positive results indicate that as one factor increases, the other increases. In order to be determined significant with 50 data couples, t-test values must be less than -1.960 or greater than 1.960, with a 5% probability of error. Results between -1.960 and 1.960 indicate a random relationship between the two data sets.

Chapter I

Relationships between State Demographics and Disability Receipt

This chapter attempts to support the first hypothesis by showing that relationships exist between statewide factors and the disability receipt rates listed in Table 1. The chapter is divided into subchapters covering fifty-three factors in four broad areas: general population; veteran and active duty population; USDVA; and claims assistance. Appendix A lists the values for each state for these state factors. I will describe each factor, provide statistical evidence to indicate if a significant relationship exists using the t-test, and show the strength of significant relationships by providing the correlation coefficient. In most cases, the Disability Compensation and Improved Pension (C&P) receipt rate alone is examined, but when there are large variations in the results between Disability Compensation and Improved Pension, both will be examined independently. I will provide a scatter diagram to visually represent local factors that do have a significant relationship in Appendix B. Except where noted, for all of the diagrams, the Y-axis refers to the disability receipt rate (DRR) and the X-axis to the different state factors. At the end of the chapter, Table 3 will provide a summary of all t-test scores and correlation coefficients.

General Population Factors

This subchapter examines the relationship between veteran disability receipt rates and factors found in the general population of each state. The purpose of this examination is to determine if variations in the overall population affect disability receipt rates for the veteran population. In a sense, these general population factors create the

demographic environment the veteran population resides within. I expect to find significant relationships, as my discussions with other state directors have had consistent themes, primarily in regard to serving rural and urban populations. As a result, I believe general population factors influence the ability of veteran service providers to provide assistance and market benefits.

The data sources for all of the general population factors discussed in this subchapter are from various tables resulting from the USCB's Census 2000. Although I expect to find significant relationships between disability receipt rates and general population factors, I believe the results will not be as significant as those in the other three sections of this chapter since I will not directly examine the veteran population.

Population, Population Density, and Rural Population

I will begin by examining the relationships between the veteran disability receipt rate and overall population, population density, and rural population figures. All of the figures used for the calculations in this section are listed in Appendix A, Table A1. Based on my initial review of Table 1, I believe that these population factors will have a significant relationship, as many of the states with high C&P receipt rates have lower populations. According to the most recent census, the top ten states listed on Table 1 have a population of approximately 39 million, with an average population of 3.9 million. Texas accounts for more than half of this value with a population of 20.8 million. Removing Texas, the total population of the remaining nine states is 18.2 million, or just over 2 million per state. The bottom ten states have a combined population of approximately 74 million, with an average of 7.4 million per state.²⁴

The first relationship examined is that between the overall population and the

²⁴ USCB, Census 2000 Ranking Tables for States: 1990 and 2000 (Washington, DC: USCB, 2001).

C&P receipt rate. The t-test outcome is -1.667. This result falls within the range of values indicating there is not a significant relationship between the overall population of a state and the C&P receipt rate. It is interesting to note, however, that when Texas is removed from the data set, the t-test outcome is lowered to -2.231, which is within the range of values indicating a significant relationship.

Next I will examine the relationship between state population density and C&P receipt rate. Population density is determined by dividing each state's total population by the total square miles of land.²⁵ The t-test score is -2.451, with a correlation coefficient of -0.31. Unlike total population, there is a significant relationship between these two factors. This negative result indicates that as population density increases, there is a tendency for C&P receipt rates to decline. The scatter diagram at Appendix B, Figure B1 displays this relationship. As can be expected, the downward trend is slightly better defined than the diagram for total population.

The USCB also tracks the percentage of each state's population that lives in urban and rural areas. Urban areas are defined as "territory, population and housing units in urbanized areas and in places of more than 2,500 persons outside of urbanized areas."²⁶ Urbanized areas are defined as areas "consisting of a central place(s) and adjacent territory with a general population density of at least 1,000 people per square mile of land area that together have a minimum residential population of at least 50,000 people."²⁷

²⁵ Glossary, USCB, 30 November 2003
<http://www.census.gov/dmd/www/glossary/glossary_p.html>.

²⁶ Glossary, USCB, 30 November 2003
<http://www.census.gov/dmd/www/glossary/glossary_u.html>.

²⁷ Glossary, USCB, 30 November 2003
<http://www.census.gov/dmd/www/glossary/glossary_u.html>.

Rural areas are defined simply as non-urban areas.²⁸ Since lower population density has already been shown to have a significant relationship with disability receipt rates, I expect the relationship with rural population percentage to be significant. The t-test result is 2.964, with a correlation coefficient 0.39. This positive correlation supports the previous finding regarding population density, as states with a higher percentage of the population living in rural areas tend to have higher C&P receipt rates. The scatter diagram at Appendix B, Figure B2 displays this relationship. Unlike the previous diagram, Figure B2 is more evenly distributed. It is interesting to note, however, that the relationship between rural population and the Improved Pension receipt rate is much stronger. The t-test result for this relationship is 5.203, with a correlation coefficient of 0.60. The scatter diagram at Appendix B, Figure B3 clearly shows an evenly distributed, strong, positive relationship between rural population and Improved Pension.

These three general population examinations showed that total population is not a factor, but veterans living in states with lower population density and higher rural population percentages are more likely to receive disability from the USDVA. In addition, veterans living in rural areas were much more likely to be receiving Improved Pension. One possible explanation for these results is that veterans who live in less densely populated areas are more likely to apply for and eventually receive disability. In the case of Improved Pension, veterans in rural areas are probably more likely to be eligible due to lower average incomes. This could be verified by examining county data within states, especially in states that have wide variations in population density, such as California and New York. Another possible explanation for these relationships is that disabled veterans are more likely to migrate to less densely populated states. This would

²⁸ Glossary, USCB, 30 November 2003
<http://www.census.gov/dmd/www/glossary/glossary_r.html>.

be harder to verify, as I am unaware of any data available that tracks the movements of disabled veterans between states. A final explanation could be that veterans who originate from rural states are more likely to have service that would result in their disability, and their return home increases the disability receipt rate for their state. This would be exceptionally difficult to verify, as I am not aware of any data that measure the percentage of veterans who return to their home state.

Income, Poverty, and Public Assistance

I will examine the influence of income and poverty by comparing each state's average income, the percentage of people living in poverty, and the percentage of people receiving public assistance to C&P receipt rates. All of the figures used for the calculations in this section are listed in Appendix A, Table A2. My expectation is that disability receipt rates will be higher in areas that have higher poverty and public assistance levels, with Improved Pension receipt rates showing a stronger relationship than Disability Compensation due to the income limitations. Also, since the previous section has shown a relationship between population density and disability receipt rate, I believe the relationship with per capita income will also be significant and negative, as I expect that income in cities and metropolitan areas will be higher than in rural areas.

The first relationship to examine in this section is per capita income and C&P receipt rate. The t-test result is -3.384, and the correlation coefficient is -0.44. This significant result showed that as per capita income levels increase, C&P receipt rates go down. The scatter diagram at Appendix B, Figure B4 displays this relationship. Again there is an evenly dispersed diagram with few points out of line. One explanation for this could be that severe and totally disabled veterans, who are more likely to be living on a fixed income, would avoid areas with high costs of living. Further analysis, however,

shows that the strength of this relationship is due primarily to the relationship between the Improved Pension receipt rate and the per capita income. The correlation coefficient for this relationship is -0.75, which is far more significant than the -0.31 correlation coefficient between Disability Compensation and per capita income. The scatter diagram at Appendix B, Figure B5 displays the Improved Pension relationship. The points on the diagram are tight and evenly dispersed, with no point significantly out of line.

The next relationship to examine is the percentage of the total population living in poverty and the C&P receipt rate. Considering the previous results, a logical conclusion would be a positive, significant relationship. As expected, the t-test result of 3.713 and correlation coefficient of 0.47 complements the results from per capita income. As the percentage of the population living in poverty rises, so does the disability receipt rate. The scatter diagram at Appendix B, Figure B6 displays this relationship. Again, the diagram is evenly dispersed, although there are a few states with results clearly out of the norm, particularly Alaska. Considering Alaska has the highest C&P receipt rate, in addition to many other unique characteristics, I believe its results will frequently be out of line with the rest of the states. Once again, further analysis shows that the strength of the C&P relationship is due in a large part to Improved Pension. The correlation coefficient for the relationship between the Improved Pension receipt rate and the total population living in poverty is 0.80, the strongest relationship of any examined in this thesis. The relationship with Disability Compensation is still significant, but the results are a much weaker 0.34. The scatter at Appendix B, Figure B7 displays the Improved Pension relationship. The diagram is evenly dispersed and shows a clear upward trend.

The final relationship to examine in this section is the percentage of the total population receiving public assistance and the C&P receipt rate. I expect this relationship to be both significant and positive for two reasons. First, we have already seen

relationships with poverty and income. Second, to receive public assistance, an individual must apply for it. Similarly, veterans must apply for disability in order to receive it. I believe that in states with high public assistance levels there will be less of a stigma associated with applying for government assistance. The t-test result is 2.625, and the correlation coefficient is 0.35, which although positive is not as strong as I expected or as strong as the other two relationships in this section. As the percentage of the population on public assistance increases, there is a slight tendency for the C&P receipt rate to increase. The scatter diagram at Appendix B, Figure B8 displays this relationship. It is evenly distributed, with the exception of Alaska. Unexpectedly, there is not a significant relationship between the Improved Pension receipt rate and the percentage of the population receiving public assistance, as the t-test result of this relationship is -0.683. The relationship with Disability Compensation, however, is significant, with a 3.088 t-test result and a correlation coefficient of 0.41. On further reflection, this outcome is logical due to the program guidelines for Improved Pension. Because Improved Pension can only be used to raise a veteran's income to a certain amount, it may be unlikely that a veteran would receive both Improved Pension and significant public assistance from the state. There would be nothing, however, preventing veterans from receiving both public assistance and Disability Compensation.

This section clearly shows that a significant relationship exists between the general population's income and the various disability receipt rates. As with the previous section examining population density, this implies that one of three things is happening. Either disabled veterans are drawn to states that have lower incomes, veterans living in lower-income states are more likely to apply for disability, or veterans originating and then returning to low-income states are more likely to become disabled. For the Disability Compensation program, it is unclear which explanation is appropriate. With

considerable limitations incorporated into the Improved Pension program, however, I believe it is unlikely veterans would migrate solely to take advantage of this program. Since a low income is one of the eligibility requirements for Improved Pension, there will obviously be higher application rates in areas with lower income and more poverty.

Education

The next section of the general population portion of this chapter will examine the education level of the general population. In this section I will examine the relationship between veteran C&P receipt rates and the percentage of the population with a high school diploma and the percentage of the population with a bachelor's degree. Only persons over the age of 25 are included. All of the figures used for the calculations in this section are listed in Appendix A, Table A2. I expect that as education levels increase, disability receipt rates will decline due to the previous findings. The previous section established a link between low income and higher disability receipt rates, and my assumption is that areas with low incomes will also have less education.

The results of these two examinations are mixed. There is not a significant relationship between the C&P receipt rate and the percentage of the population over 25 with a high school diploma. The t-test result for this relationship is -1.688. There is, however, a strong relationship between the Improved Pension receipt rate and the percentage of the population with a high school diploma, as the t-test result is -5.149 with a correlation coefficient of -0.64. The scatter diagram at Appendix B, Figure B9 displays this relationship, which is evenly distributed.

The next relationship is the relationship between the percentage of the population over 25 with a bachelor's degree and the veteran C&P receipt rate. This time, there is a significant relationship, with a t-test result of -2.116 and correlation coefficient of -0.29.

As the percentage of the population with a bachelor's degree increases, the C&P receipt rate decreases. The scatter diagram presented at Appendix B, Figure B10 displays this relationship. The diagram is not very well defined, which is expected as the relationship, although significant, is not very strong. The relationship between the Improved Pension receipt rate and the percentage of the population with a bachelor's degree is much stronger, with a t-test result of -5.701 and a correlation coefficient of -0.64. The scatter diagram presented at Appendix B, Figure B11 is more defined and evenly distributed. The results of both relationships are consistent with the other relationships examined, as socioeconomic factors such as income and education do influence disability receipt rates, especially for the income-sensitive Improved Pension program.

Race

In this section, I will compare racial population percentages in the general population to veteran C&P receipt rates. All of the figures used for the calculations in this section are listed in Appendix A, Table A3. I will conduct examinations on the African-American, Asian, Hispanic, Native-American, and white populations. For each race, the data lists the percentage of respondents who indicated that was their only race. My initial expectation was that areas with higher percentages of minority populations would have lower C&P receipt rates, as it is a commonly held belief by many veteran service providers that minority veterans are less likely to apply for benefits. The results of the previous sections, however, lead me to believe that some minority populations will have higher C&P rates, as some minority groups tend to live in low-income areas.

Both expectations, however, are completely incorrect. Only one of the five comparisons resulted in a significant relationship. The t-test scores for the four factors with insignificant relationships are 0.231 for African-American population, 0.055 for the

Asian population, 0.178 for the Hispanic population, and -1.291 for the white population.

The Native American relationship, however, proved to be surprisingly strong, with a t-test result of 4.399 and a correlation coefficient of 0.54. States with higher Native American populations had clearly higher C&P receipt rates. The scatter diagram at Appendix B, Figure B12 displays this relationship. The diagram is not evenly distributed, as most states have low Native American populations, which results in a large, random appearing cluster on the left hand side of the chart. I believe the strength of this relationship is primarily a result of socioeconomic relationships we have already reviewed. The previous sections have shown a relationship exists between rural, impoverished, and poorly educated populations, and many of the states with high Native-American populations tend to fit these characteristics.

Overall, I believe the five relationships examined in this section indicate that the racial demographic of a state has little significance in regard to disability receipt rate. The one exception, however, provides the strongest relationship examined between the C&P rate and a state demographic factor. Later we will examine the relationship between veteran racial populations and disability receipt rates to see if the outcomes are consistent with these findings.

Disability

In this section I will compare general population disability rates with veteran C&P receipt rates to determine if there is a relationship. I will examine the percentage of the population that self-identifies as being disabled and the percentage of the population that receives Supplemental Security Income (SSI) from the Social Security Administration (SSA). All of the figures used for the calculations in this section are listed in Appendix A, Table A4. Since there is an increased likelihood that veterans receiving disability

from the USDVA will self-identify as being disabled or receive SSI, I expect there to be strong, positive significant relationships. Although many disabled veterans receive disability assistance from both the USDVA and the SSA, I expect that there will be a negative relationship between Improved Pension and SSI. Since both of these programs have income caps, I expect that few veterans will be eligible for both programs and most will chose to receive assistance from one or the other.

The first relationship to examine in this section is the relationship between the percentage of the population that self-identifies as being disabled and the veteran C&P receipt rate. The general population disability percentage is only for respondents 21 years old and older. As expected, there is a positive significant relationship, but the t-test result of 2.769 and correlation coefficient of 0.37 are lower than I expected. This shows that there is a significant relationship between general population disability and veteran C&P receipt rates, with veteran disability increasing as general population disability increases. The scatter diagram at Appendix B, Figure B13 displays this relationship, which is evenly distributed except for Alaska. It is interesting to note that the percentage of respondents self-identifying as disabled is approximately double the veteran C&P receipt rate for most states. Looking at the figures in Table 1 and Table A4, 11.1% of veterans nationwide receive C&P, and 22.7% of the general population over 21 identifies as having disability.

The t-test value for the relationship between the Improved Pension receipt rate and self-identified disability is a much stronger 7.357, with a correlation coefficient of 0.73. This is the third strongest relationship found in the general population section, and the scatter diagram at Appendix B, Figure B14 displays the relationship. The diagram is evenly distributed and shows a clear trend that as the percentage of the general population self-identifying as disabled increases, so does the Improved Pension receipt rate.

The second set of relationships to examine for this section focuses on the percentage of the population receiving SSI. The t-test result for the relationship between SSI and the C&P receipt rate is a modest 2.009, with a correlation coefficient 0.28. This shows that although the relationship is significant, it is not as strong as the relationships above. As the percentage of the population receiving SSI increases, there is a tendency for C&P receipt rates to increase. The scatter diagram at Appendix B, Figure B15 displays this relationship, which is loose and not very well defined. I believe the weakness of this relationship is consistent with the differences in the two disability programs, as the vast majority of veterans receiving Disability Compensation are not completely unemployable, which is a criterion for receiving SSI.

The t-test result for the relationship between the Improved Pension receipt rate and the percentage of the population receiving SSI is much different from what I expected. Instead of a negative relationship, there is a strong positive relationship with a t-test result of 6.811 and a correlation coefficient of 0.70. The scatter diagram at Appendix B, Figure B16 shows that as SSI rates increase, so too does Improved Pension. The diagram is not quite evenly distributed, as most states are clustered in one area, but there is a clear trend. This leads me to believe that more veterans are able to receive both programs than I had originally expected.

In closing this section, it is clear that disability rates in the general population have a significant relationship with veteran disability receipt rates. At first glance, the results of this section appear to be the result of variations in socioeconomic factors. There is a tremendous relationship between poverty and disability, as the correlation coefficient between the percentage of the population that lives in poverty and the percentage of the general population that self-identifies as disabled is 0.83! This result is not surprising, as I expect many are counted on both sides of the relationship. I would

guess that many who self-identify as disabled, including disabled veterans, also live in poverty. I included a visual representation of this relationship at the end of Appendix B, Figure 37. As can be expected with the strongest relationship examined in this thesis, this scatter diagram shows an evenly distributed and tight relationship between these two factors. Despite the strength of the relationship, this result does not provide evidence to explain what influences what. Are those living in poverty more likely to apply for disability? Are those who live in poverty more likely to work at dangerous professions, such as the military, that have a greater likelihood to cause disability? Or do people become impoverished after they become disabled?

Age

In this section, I will compare information on the age of the general population with veteran C&P receipt rates to determine if a relationship exists. I will examine the median age of the general population, the percentage of the population that is over 65 years, and the percentage of the population that is over 45 years. Although I expect that states that have older populations will have higher percentages of veterans living within them, I do not believe there will be a relationship between overall population age and veteran C&P receipt rates. All of the figures used for the calculations in this section are listed in Appendix A, Table A4.

My expectations for this section were accurate, as none of the three factors was shown to have a significant relationship with C&P disability receipt. The t-test result is -0.444 for the relationship with median age, -1.299 for the relationship with the percentage of the population over 65, and -0.528 for the relationship with the percentage of the population over 45. Although none of the relationships with the C&P receipt rate was significant for this section, it is interesting to note that all were negative. There was

a significant relationship between the over 65 population and Improved Pension, but this positive relationship was very weak, with a t-test score of only 2.047 and correlation coefficient of 0.28. Clearly, the age of the general population has little influence on veteran disability receipt rates.

In closing this subchapter on general population factors, it is clear that socioeconomic factors in the general population influence disability receipt rates and especially Improved Pension receipt rates. Not surprisingly, nearly every significant factor in this section finds its origin in economics. States that have strong economies have less poverty, more education, and fewer disabled veterans; states with weaker economies have more poverty, less education, and more disability, both in the veteran and general populations. None of these results, however, reveals why this is the case. Again, it is unclear whether disabled veterans move to low-income areas, if veterans in low-income areas are more likely to apply for disability benefits, or if veterans originating from low-income areas are more likely to become disabled.

Veteran and Active Military Population Factors

This subchapter will examine the relationship between veteran disability receipt rates and other factors found within the veteran and active military populations of each state. The purpose of this examination is to determine if variations in veteran demographics affect veteran disability receipt rates. The data in this subchapter are provided by both the 2000 Census and the USDVA. The examinations will be conducted with the same methods used for the general population section. Because we will be directly examining the veteran population in this section, I expect that those relationships that are significant will have more significant t-test outcomes and stronger correlation coefficients.

Unfortunately, there are some relationships that should be tested that cannot be due to a lack of data. Neither the USCB or USDVA tracks the differences between veterans at the state level for many important factors. It would be useful to see if there was a relationship between service branch populations and disability receipt rates. For example, would states with a higher percentage of Marine Corps veterans have higher disability rates than a state with more Air Force veterans? It would also be interesting to see if there was a relationship between C&P receipt rates and officer or enlisted populations. Would states with higher percentages of former officers, who have on average more education and income than enlisted personnel, have higher or lower disability receipt rates? Finally, it would be interesting to see the percentage of active military members from each state. Under current USCB methodology, active duty personnel count toward the area they currently reside. Other data on the home of record for military personnel are skewed, as many military members select a state that does not collect state income tax as their home of record after they enlist. This exemption is enjoyed even if the military member is currently serving in another state with state income tax. As a result, most active military members do not pay state income tax, and nearly 25% of all active military personnel have Texas or Florida listed as their home of record,²⁹ as both do not have income taxes.

Veteran, Military Retiree, and Active Military Populations

The first relationships examined in this subchapter will be the relationships between the veteran and active military populations and disability receipt rates. All of the figures used for the calculations in this section are listed in Appendix A, Table A5.

²⁹ “Don’t Mess with Texans,” Economist 20 March 2003
 <http://www.economist.com/displaystory.cfm?story_id=S%27%29H4%29PQ3%24%23%40%22%2C%0A&ppv=1> .

The data on veteran populations were provided by the NASDVA, the data on military retiree populations were provided by the DoD, and the data on the active military population were provided by the 2000 Census.

I expect to find that states that have a high veteran population percentage will be more likely to have higher C&P receipt rates, as I believe states with higher veteran population percentages will be more likely to have strong veteran communities. I believe these communities work well at informing veterans of the benefits available to them by word of mouth.

My assumption that a high veteran population percentage would result in a higher disability receipt is incorrect, as evidenced by an insignificant t-test result of -1.457. This shows that not only is there not a significant relationship, if there were a relationship the opposite would be true since the value is negative.

Next I will examine the relationship between military retiree population and C&P receipt rates. I will perform two examinations: the percentage of military retirees in the general population and the percentage of military retirees in the veteran population. Military retirees generally serve for 20 years before retirement, although some serve less due to medical retirements and early-retirement incentives. Since military retirees typically have served considerably longer than most veterans, there is a greater likelihood that they will have disabilities resulting from their service. However, at the time these data were collected, military retirees could not collect both disability and retirement, and DOD retirement checks would be reduced \$1 for every \$1 of Disability Compensation received. As a result, I believe there will be no relationship between retirement percentage and C&P receipt rates, as I believe retirees have little incentive to apply.

Again, my assumption is incorrect and in this case very badly. The t-test result for the relationship between the C&P receipt rate and the percentage of military retirees

in the general population is 6.171, with a correlation coefficient of 0.67. The t-test result for the relationship between the C&P receipt rate and the percentage of military retirees in the veteran population is a remarkably similar 6.146, with a correlation coefficient of 0.66. Very clearly, as the number of military retirees living in a state increases, the number of veterans receiving C&P also increases. Two scatter diagrams at Appendix B, Figures B17 and B18, display these relationships. The two diagrams match each other closely, and both are evenly distributed, with only Virginia out of line with the rest of the states. This is not surprising, as Virginia has the highest percentage of retirees for both the veteran population and the general population.

These two results also provide insight into a trend I observed but did not remark on after reviewing Table 1: states with warmer, moderate climates seemed to have higher disability receipt rates (Alaska being a big exception). States with warmer, moderate climates also attract a higher percentage of military retirees, for several reasons. First, it is generally accepted that older populations prefer warmer climates. Second, military retirees are eligible to use the services offered at active duty military bases, which include healthcare and tax-free shopping. As a result, the t-test result for the relationship between the active military population and the retiree population, both as a percentage of the general population, is 5.837, with a correlation coefficient 0.64. The scatter diagram at Appendix B, Figure B38 displays this relationship. Not coincidentally, there are more active military bases in the southern half of the US than the northern half. Based on the strength of the relationship between military retirees and the C&P receipt rate, I believe this relationship explains the trend in Table 1 regarding climate.

I would also like to note the lack of significant relationships between military retirees and Improved Pension receipt rates, which is a result of this program's income limitations for eligibility. After reviewing the DoD Statistical Report on the Military

Retirement System - FY2001, I would estimate that less than 10% of military retirees would be eligible for Improved Pension based on their military retirement earnings.

Although most active duty personnel are not yet veterans, I will examine the relationship between active military population and C&P receipt rates. Based on the findings above in regard to military retirees and the active military population, I expect there will be a positive relationship between active military population and C&P receipt rates. The t-test result of 3.789 and correlation coefficient 0.48 shows that this time my assumption is correct. Figure B19 in Appendix B displays this relationship. The diagram is not evenly distributed, as Hawaii, Alaska, and Virginia's large active military populations are far to the right, with all other states on the left side of the diagram. The states on the left side show a loosely defined, positive trend. As with the relationships involving military retirees, there is not a significant relationship between Improved Pension and the percentage of active military members in the general population. The result is that the relationship between Disability Compensation and the active population is considerably stronger. The t-test result for this relationship is 4.661, with a correlation coefficient of 0.56, and the scatter diagram in Appendix B, Figure B20 displays the positive relationship. As can be expected, this diagram is very similar to the one at Figure B21, with the same three states projected far to the right.

Veteran Age and Period of Service

The next group of relationships examined in this subchapter will focus on the median age of veterans and when they served in the military. The figures used for the calculations in this section are listed in Appendix A, Table A6. The data for this section were provided by the USDVA. For the relationships examined in this section, I expect that higher percentages of younger veterans in states will result in higher disability

receipt rates. I believe younger veterans are more likely to apply for government assistance based on my personal experience in providing benefits and services to veterans, as they are both more willing to apply for benefits and have a better understanding of their entitlements.

The first relationship examined under this section is the relationship between the median age of veterans and the veteran C&P receipt rate. As expected, there was a significant negative relationship, with a t-test result of -4.666 and a correlation coefficient of -0.56. Clearly, states whose veteran median age was higher than average tended to have lower C&P receipt rates. Figure B21 is a scatter diagram in Appendix B that displays this relationship. The diagram is evenly dispersed except for Alaska, which is far to the left and significantly higher than the other states. Obviously, older veterans served longer ago, so we will now examine different historical service periods.

There are seven specific periods of service or eras from World War II to the present, with the start and end dates of these eras set by federal law in US Code Title 38. These next few paragraphs will examine the relationships between veteran populations for these seven eras and disability receipt rates. The first period of service to examine is the World War II Era, and I will compare the percentage of veterans who served during World War II with the C&P receipt rate. The dates for this period are from December 7, 1941, to December 31, 1946.³⁰ The t-test shows a significant and negative relationship, as the result of -4.525 and correlation coefficient of -0.55 indicate that states with a higher percentage of World War II Era veterans tend to have a lower disability receipt percentage. The scatter diagram in Appendix B, Figure B22 displays this relationship. The relationship is evenly dispersed except for Alaska, which is far to the left and significantly higher than the other states.

³⁰ 38 US Code, Section 101.

Three of the periods to examine are peacetime periods, with the first being the period between the World War II Era and the Korean Era. For the peacetime eras, a veteran will only be counted in these periods if they did not have any service, even just a day, in the adjoining war eras. In this case, there is not a significant relationship with the C&P rate, as the t-test result is -1.017. Much to my surprise, however, there is a significant, positive relationship between the Improved Pension receipt rate and the percentage of veterans who served only during this period. The t-test result is 3.290, with a correlation coefficient of 0.43, and Figure B23 in Appendix B displays this relationship, which is evenly dispersed but not very well defined. This result is surprising because veterans who served only during this period would not be eligible for Improved Pension, as service during a war period is required. I believe this result is a statistical accident without any greater meaning.

The next period is the Korean Era, which is defined as the period from June 27, 1950, to January 31, 1955.³¹ The t-test outcome is -2.440, with a correlation coefficient of -0.33. This reveals a significant negative relationship consistent with the previous examinations for median age and the World War II era, although the results for this relationship are considerably weaker. As can then be expected, the scatter diagram at Appendix B, Figure B24 displaying this relationship is not very well defined, and the results for Alaska in the far left and top drive the relationship.

The second peacetime period is between the Korean and Vietnam Eras. Here we have the strongest relationship in this section, with a t-test result of -5.327 and a correlation coefficient of -0.61. This significant negative relationship is consistent with my own personal experience as a veteran service provider. For some unknown reason, many of the veterans who served during this peacetime era do not consider themselves

³¹ 38 US Code, Section 101.

veterans. I have had several veterans explain to me that although they served in the military during this time, they were not veterans because there was no war. I have a very hard time convincing them that they are eligible for veteran benefits. I have only observed this phenomenon in veterans from this peacetime period, and I have come across no information to indicate that the service provided by these veterans was any less likely to cause disability than the other two peacetime periods. The scatter diagram at Appendix B, Figure B25 displays this relationship. The results are evenly distributed and better defined. Although Alaska still is in the top, far left, its results are in line with the other states.

The trend shifts dramatically with the Vietnam Era, which is defined as the period from August 5, 1964, to May 7, 1975.³² The t-test result is 4.704, with a correlation coefficient of 0.56. This positive significant relationship shows clearly that states with higher percentages of veterans who served during the Vietnam Era have a significantly higher C&P receipt rate. The scatter diagram at Appendix B, Figure B26 displays this relationship. The diagram is moderately formed and evenly distributed, with the exception of Alaska. Although Alaska is again at an extreme, this time the top, far right, its results are in line with the trend established by the rest of the states. I believe the change to a positive relationship is the result of changing generational views on government assistance and negative experiences of many of the Vietnam Era veterans. It is common knowledge that Vietnam Era veterans were not as greatly appreciated by the general public as veterans from other eras, primarily because the Vietnam War was not considered a just war by a large portion of the population. The veterans who served in World War II and the Korean War, as well as the general population, believed they were fighting a just war, and they were treated well on their return. They also grew up before

³² 38 US Code, Section 101.

or during the Great Depression, so there was a large stigma against receiving assistance from the government. In my opinion, many Vietnam Era veterans feel the US Government owes them because of their negative experience both in Vietnam and after. My personal experience in working with Vietnam Era veterans is that many of them expect to be treated poorly by the government, and they view successfully applying for benefits as a way of making the government compensate them for the pain they experienced as a result of their service. In addition, although smaller in membership, the veterans organizations founded by Vietnam Era veterans seem to have a different focus from the other VSOs. These organizations, such as Vietnam Veterans of America, Inc. (VVA), generally do not have posts, and they limit their activities to advocating veterans' issues. From my experience, the average VVA member is more aware of their benefits and more politically active than the average member of the larger VSOs.

The final peacetime era to examine is the period after the Vietnam Era and before the Persian Gulf Era. This era continues the trend showing that states with higher populations of veterans who are younger and served more recently are more likely to have higher C&P receipt rates, as the t-test result is 2.398, with a correlation coefficient of 0.33. The scatter diagram at Appendix B, Figure B27 displays this relationship. The diagram is not very well defined, and again Alaska seems to drive the results.

Current military members serve during the Persian Gulf Era, which began August 2, 1990, and has never been closed. As expected, states with a higher percentage of Persian Gulf Era veterans tend to have higher disability receipt rates, as the t-test result is 5.061, and the correlation coefficient is 0.59. The scatter diagram at Appendix B, Figure B28 displays this relationship. The diagram is evenly distributed, with a clear positive tendency. This result is slightly ironic considering that there were far fewer casualties during this era as compared to the other wartime eras. I believe the difference, however,

is education. As a Persian Gulf War era veteran myself, I can tell you that separating military members have opportunities that were never provided to veterans who served in other eras. In the 1990s, the Department of Defense implemented the Transition Assistance Program (TAP). All separating military members are required to attend a one-week training program that explains the transition to a civilian life to the military member. This includes training on the benefits they are entitled to receive and how to apply for them. During my TAP at Andrews Air Force Base, a USDVA employee provided a four-hour briefing on how to complete the Disability Compensation application, to include coaching on how to describe medical conditions so that they are clear to the USDVA staff that approves or disapproves the application. Veterans in previous eras received no training on their entitlements or how to apply for them. I believe this is why USDVA actuaries predict that the number of disabled veterans in the United States will continue to rise despite the significant declines in the veteran population over the next twenty years.

Veteran Race

This section will examine the relationship between veteran populations of specific races and veteran disability receipt. All of the figures used for the calculations in this section are listed in Appendix A, Table A7. All of the data for this section were provided by the USCB. With an exception, the population levels of different races in the general population did not have a significant relationship with disability receipt rates, and I do not expect the population levels of different races in the veteran population to be significant either. It is important to note that since not all Census respondents received the complete questionnaire, the data provided are statistical estimates. As a result, Table A7 lists that some states have zero populations for certain races. This only means that the

population of that race in that state is negligible, although there are people of that race living in that state.

As with the general population examinations, the only veteran population with a significant relationship with C&P receipt rates is the Native American veteran population. For the African-American veteran population, the t-test result is 0.406; the Hispanic veteran population result is 0.927; and the white veteran population result is almost significant, with a t-test result of -1.940. Again, there is a strong relationship between the Native American veteran population and C&P receipt rates, as evidenced by a 4.025 t-test result and 0.50 correlation coefficient. The scatter diagram at Appendix B, Figure B29 displays this relationship. The results are not evenly distributed, as most states are clumped randomly to the far left, with a handful of states with a high Native American veteran population driving the relationship. Again, my only explanation is that states with high Native American populations tend to have many of the general population characteristics shown previously as having a significant relationship with veteran C&P receipt rates.

Veteran Service Organization (VSO) Membership

In the final portion of this subchapter I will examine the relationship between VSO membership numbers and disability receipt rates. I will use membership data from the three largest VSOs, which are, in descending order of membership, the American Legion, the Veterans of Foreign Wars (VFW), and Disabled American Veterans (DAV). All of the figures used for the calculations in this section are listed in Appendix A, Table A8. The numbers were supplied directly by the national membership directors of these three organizations. VSOs provide their members with an informal veteran community that shares information about benefits, as well as formal efforts to educate members on

the benefits they are eligible to receive. I expect that in states that have a higher percentage of veterans belonging to one or more VSOs there will be a higher C&P receipt rate. Also, since having disability is an eligibility requirement for membership in DAV, I expect that there will be a very strong relationship between DAV membership and C&P receipt rates. For the American Legion and VFW, I will also take a look at the number of posts they have compared to the overall veteran population. American Legion and VFW posts are physical establishments within communities that become focal points for veteran activities.

I was surprised there were no significant relationships between the American Legion and VFW membership rates and the disability receipt rate. The t-test results were -1.221 and -0.631, respectively. In addition, there were no relationships regarding their posts, as the t-test results were 0.594 and 0.969, respectively. The only explanation for the lack of significance is that membership in these organizations seems to appeal to older veterans more than younger veterans. As we saw above, states with a higher percentage of older veterans had significantly lower disability receipt rates.

I did find the expected relationship between membership rates for DAV and C&P receipt rates, as the t-test result was 3.113, with a correlation coefficient 0.41. The scatter diagram at Appendix B, Figure B30 displays this relationship, with the results evenly distributed and moderately defined. Clearly, when the percentage of total veterans who are DAV members increases, there is a tendency for C&P receipt rates to increase. What is interesting, however, is another relationship I examined, which is the relationship between the percentage of disabled veterans who are DAV members and C&P receipt rates. States where a high percentage of disabled veterans are members of DAV actually tend to have lower C&P receipt rates. The t-test for this relationship is -2.342. I have no definitive explanation for this result, although my experience has been that the DAV, like

the American Legion and VFW, appeals more to older veterans. This result may be consistent with early findings showing that as average ages increase, disability receipt rates decrease.

As a veteran service provider and a member of two of these VSOs, I find the results of this section disappointing. One of the primary missions of VSOs is to assist their members in getting the benefits they are entitled to receive. Since there is no significant relationship between membership in the American Legion and VFW, it leads me to believe that this mission is going unfulfilled.

This subchapter on state veteran demographics had markedly different outcomes from the subchapter on general population factors. To begin, as expected, there were stronger relationships between the state factors and the C&P receipt rate for the veteran population subchapter. It is interesting to note, that with the one exception noted above, none of the veteran population factors had a significant relationship with the Improved Pension receipt rate. For the subchapter on general population factors, however, the Improved Pension receipt rate had the strongest relationships, especially with local socioeconomic factors that may contribute to determining eligibility. The influence of military retirees and veteran age really stood out as two themes in the subchapter.

US Department of Veterans Affairs (USDVA) Factors

This section will examine the relationships between disability receipt rates and state factors specific to the USDVA. This will include health care enrollment, access to facilities, and customer satisfaction. The section on customer satisfaction will be the first data reviewed that come directly from veteran feedback as opposed to census style data collecting. The information from this section was collected from the USDVA and the NASDVA.

USDVA Healthcare

The USDVA spends more money on healthcare than on other single veteran program, with \$22.1 billion spent on healthcare in 2001.³³ The healthcare services provided by the USDVA are a critical component in serving disabled veterans. Since USDVA doctors are trained to recognize medical conditions that are a result of military service, it is logical to assume that veterans who receive their medical care from the USDVA are more likely to apply for disability. For example, a veteran who served in Vietnam develops diabetes. If that veteran goes to a non-USDVA physician, the veteran will receive treatment for the diabetes. If the veteran goes to a USDVA physician, the veteran will receive both treatment for diabetes and a recommendation to apply for disability because of the connection between exposure to Agent Orange and late-onset diabetes. In 2003, because of budgetary constraints, the Secretary of the USDVA limited healthcare enrollment to low-income and disabled veterans.³⁴

For the reasons stated above, I expect to find a relationship between USDVA healthcare and disability level. All of the figures used for the calculations in this section are listed in Appendix A, Table A9. I will compare two state factors to each state's C&P receipt rate. First, I will compare the percentage of veterans enrolled in USDVA healthcare, and then I will compare the expenditures per veteran for healthcare for each state. As expected, there is a positive and significant relationship between USDVA healthcare enrollment and C&P receipt rates, with a t-test result of 2.830 and correlation coefficient of 0.38. The scatter diagram at Appendix B, Figure B31 displays this relationship, which is evenly distributed and moderately defined. It is especially interesting to note that there is a much stronger relationship between USDVA healthcare

³³ Geographic Distribution of Veterans Affairs Expenditures for Fiscal Year 2001.

³⁴ USDVA, News Release: VA Announces Record Budget, Health Care Changes (Washington, DC: USDVA Office of Public Affairs, 2003) 1-2.

enrollment and the Improved Pension receipt rate. This t-test result is 5.235, with a correlation coefficient of 0.60, and the scatter diagram at Appendix B, Figure B32 displays this relationship, which is more defined than figure B31.

The question, of course, is what influences what? Since disabled veterans can receive free healthcare and are at the top priority for healthcare access, it could be argued that states with higher disability receipt rates would naturally have higher healthcare enrollment rates. At the same time, I have heard others argue that high rates of healthcare enrollment are what lead to high Disability Compensation receipt rates. I believe that both are accurate, as both are continually influenced by each other. I also believe that the relationship with Improved Pension is driven by economics. Extremely low-income veterans would naturally rely on the USDVA for their healthcare, as they are most likely unemployed or working jobs that do not carry health care benefits. What is interesting to note is how recent restrictions in eligibility for enrollment affect future disability receipt rates, as non-disabled veterans earning above a certain income threshold are no longer eligible for care. By making fewer veterans eligible for USDVA healthcare, will disability receipt rates decrease, stay the same, or increase? This restriction to non-disabled veterans may in fact encourage veterans to apply for disability in the hopes of obtaining healthcare access.

There is not a significant relationship between C&P receipt rates and expenditures for USDVA healthcare, as the t-test result of 1.902 is just under the 1.960 required to show a significant relationship. The difficulty with this relationship is the vast differences in cost between different care types. Not all USDVA medical facilities have the same services, and some facilities specialize in certain medical fields with higher costs. Therefore, higher costs do not necessarily reflect increased capacity for patients. As with the previous section, however, there is a significant relationship with the

Improved Pension receipt rate, with the t-test result 3.499 and correlation coefficient of 0.45. The scatter diagram at Appendix B, Figure B33 displays this relationship. The relationship is not very well defined, however, with four states driving the relationship. Based on the results of this section, in regard to disability receipt rates, it appears that veteran enrollment is more significant than dollars.

Next I will examine the relationship between the number of veterans per facility and disability receipt rates. I will match information on hospitals, total healthcare facilities (hospitals and community clinics), and benefit offices to veteran population data to determine if there is a relationship with disability receipt rates. I expect that there will be a relationship between lower ratios of veterans to facilities and disability receipt rates. All of the figures used for the calculations in this section are also listed in Appendix A, Table A9.

The examinations did not reveal any significant relationships with the C&P receipt rate, although there was one significant relationship with the Improved Pension receipt rate. The t-test result for the relationship between veterans per hospital and the C&P receipt rate is -0.784. The t-test result for the relationship between veterans per total healthcare facility and the C&P receipt rate is 1.891, which is almost significant. The t-test result for the relationship between veterans per total healthcare facility and the Improved Pension receipt rate is 2.449, which is significant but not very strong as evidence by a correlation coefficient of only 0.33. Finally, the t-test result for the relationship between veterans per benefit office and the C&P receipt rate is -1.106. From my experience, I believe that veterans prefer smaller, less crowded facilities, but this preference does not appear to increase or decrease disability receipt rates based on the findings above.

Application Approval Rates and Customer Satisfaction

The last factors I will examine in this section will focus on the results of a 2001 customer survey conducted by the USDVA. The survey collected information from veterans who had applied for disability. Three of the responses will be examined here: the percentage who had his or her claim approved, the percentage who felt they had an “excellent, very good, or good”³⁵ understanding of their entitlements, and those who felt the USDVA treated them with the respect due them as a veteran. All of the figures used for the calculations in this section are listed in Appendix A, Table A10. I expect there will be a significant relationship between approval rates and C&P receipt rate, but I do not expect there will be a significant relationship with the other two factors.

The data collected in these surveys may limit in one way the accuracy of these examinations. The Veterans Benefits Administration (VBA) is not divided by state lines. There are fifty-four benefit offices nationwide, with each state having at least one office and three states having more than one (California has three, New York has two, and Pennsylvania has two). The surveys asked respondents to rate the regional office that assisted them, and in some cases veterans may have worked with a regional office outside their state. For example, the White River Junction, Vermont regional office assists veterans in five counties of western New Hampshire. In this thesis, a New Hampshire respondent living in one of these counties would have his or her response counted towards Vermont’s tally.

The first relationship to examine in this section is the claim approval percentage and C&P receipt rate. I was surprised to discover no relationship, as the t-test result is 1.756. This is close to having a positive relationship, but the relationship lacks the strength to be significant. I believe this result is due primarily to the limitations of the

³⁵ USDVA, Survey of Veterans’ Satisfaction with the VA Compensation and Pension Claims Process, A53.

data listed above, but it will not be possible to test this belief without significantly altering the USDVA's data collection methods. With claim-approval percentages ranging from 38.3% to 71.5%, I believe it would be illogical that differences in approval rates would not have a significant relationship with C&P receipt rates. My opinion is shared by a few other state directors who feel that disability receipt variations are caused in part by variations in the application approval percentage.

As predicted, the other two state factors fail to show significance. The t-test result for the relationship between the percentage of respondents who believed they had a good understanding of their benefits and the C&P receipt rate is 0.202. The t-test result between the percentage of respondents who felt the USDVA staff treated them with respect and the C&P receipt rate was 1.093. There was, however, a significant relationship between the percentage of the respondents who felt they were treated with respect and the Improved Pension receipt rate, as the t-test result for this relationship was a -2.809, with a correlation coefficient -0.38. I believe this is a statistical anomaly, as there is no reason I can think of to explain why poorly treated veterans would be more likely to receive benefits.

I was disappointed by the results of this subchapter, as only one factor was significant with the C&P receipt rate. It is good to see, however, that the commonly held belief in the veteran service community that there is a relationship between healthcare enrollment and disability appears accurate.

Claims Assistance

This section will determine if there is a relationship between disability receipt rate and claims assistance. All of the figures used for the calculations in this section are listed in Appendix A, Table A11. I will attempt to measure the influence of non-USDVA

parties that assist veterans, primarily state governments, county governments, and VSOs. I will do this in two ways. First, the NASDVA has conducted a nationwide survey of service officers by state. I will break this survey into four categories: all service officers, government service officers (provided by states and counties), state service officers, and VSO service officers. Since claims assistance is typically provided by a service officer, I expect that states with a lower number of veterans per service officer will have a higher C&P receipt rate. I would like to point out that I did alter the data slightly. Since it is not possible to divide a number by zero to determine the veterans per service officer, I changed any zeros within the data to a one for the calculations.

There are other limitations to the data used as well. As a member of NASDVA, I know that one problem we face is the lack of standards between states, counties, and VSOs regarding service officers. Service officers in one state may have significantly different training, pay levels, and job responsibilities from service officers in another state. In addition, the survey made no distinction between paid, full-time service officers and volunteer service officers. For example, according to the survey, Vermont has five service officers. However, as Vermont's director of veterans affairs, I know that only three of these service officers are paid and work full-time on these duties. The other two service officers, although trained and certified, have full-time employment in other professions and volunteer their off-duty time to be service officers. I still think these examinations will be useful, but it will be important not to place too much weight on their outcomes until NASDVA can develop more consistent and accurate surveys on this subject.

As a veteran service provider that has spent considerable time advocating for the need of additional service officers within my state, I was slightly disappointed by the results. There is no significant relationship between C&P receipt rates and the

availability of service officers for three of the four relationships. The t-test result for the relationship between the total number of veterans per service officer and the C&P receipt rate is -0.920. There is, however, a significant relationship between the total number of veterans per service officer and the Improved Pension receipt rate; the result for this relationship is -2.478, with a correlation coefficient of -0.34. Appendix B, Figure 34 shows this relationship, which is not very evenly distributed but does show a clear negative trend. The t-test result between veterans per VSO service officer and C&P receipt rate is -0.627. The t-test result between veterans per government service officer (both state and county) and C&P receipt rate is -0.215, although the t-test for Improved Pension is -2.199, which is just over the significance threshold. The one significant relationship with the C&P receipt rate, however, will be considered good news by state directors looking to justify their claims assistance programs. The t-test result between veterans per state service officer and the C&P receipt rate is -3.206, with a correlation coefficient of -0.42. The scatter diagram at Appendix B, Figure B35 displays this relationship. Although there is a clear negative trend, the diagram is not evenly distributed and five states drive the relationship. I believe this result indicates that service officer caseload is a limiting factor, as C&P receipt rates decline as the number of veterans per state service officer increases. This is consistent with guidance from NASDVA's past president, Ray Boland, who frequently stated his belief at conventions that for optimum assistance there should be no more than 5,000 veterans per service officer.

The second group of examinations will compare data from the USDVA that show the percentage of veterans who received assistance from a government or VSO service officer in making their disability claim. These data were obtained from the same survey used in the previous section regarding claims approval, knowledge of benefits, and

respectful treatment. Therefore, the data have the same limitations. I expect that in areas where a higher percentage of veterans used a service officer there will be a higher C&P receipt rate.

Both of the examinations show that no significant relationship exists with the C&P receipt rate. The t-test result between the percentage of veterans who applied for disability and were assisted by state or county service officers and the C&P receipt rate is 0.995. There was, however, a rather strong relationship between the percentage of veterans assisted by state or county service officers and the Improved Pension receipt rate, as this t-test result is 4.608, with a correlation coefficient of 0.55. The scatter diagram at Appendix B, Figure B36 displays this relationship, which is evenly distributed and shows a clear positive trend. Clearly, increased assistance from states and counties showed a tendency for higher pension receipt rates. The t-test result between the percentage of veterans who applied for disability and were assisted by VSO service officers and the C&P receipt rate is -0.117. Although there was a significant relationship noted above, I believe there would have been additional significant relationships if better data were available.

As with the previous subchapter, I find these results disappointing. Although a few significant relationships existed, I had been confident that claims assistance would have been one of the most important factors influencing disability receipt rates.

Chapter Conclusion

Chapter I has successfully supported the first hypothesis, which is that there are significant relationships between disability receipt rates and state-level factors. Fifty-three relationships were analyzed, with twenty-three of these relationships showing significance with the C&P receipt rate. Some of the relationships were expected, some

were surprises, and some that I expected were not existent. I found all subchapters contained information useful to me as a veteran service provider, although the most interesting outcomes were contained in the subchapters on general and veteran population factors.

The general population subchapter showed that socioeconomic factors, such as poverty, income, disability, and education, appear to influence disability receipt rates, especially Improved Pension receipt rates. As socioeconomic conditions improve, disability receipt rates go down. Many of the states with the high disability receipt rates are rural with relative low incomes, such as Alabama, Maine, New Mexico, and Oklahoma. Meanwhile, urban states with higher incomes, such as Connecticut, Illinois, Michigan, and New Jersey, are found at the lowest rankings.

The veteran population subchapter showed that military retiree populations and veteran age influence disability receipt rates. More retirees and younger veteran populations tend to result in higher disability receipt rates. Alabama, Alaska, and Oklahoma have large retiree populations and high disability receipt rates. Illinois, Massachusetts, Michigan, and New Jersey have few retirees and low disability receipt rates. Alaska has the youngest veteran population and the highest disability receipt rate. Connecticut, Massachusetts, and New Jersey have older veteran populations and lower disability receipt rates.

Table 3 below lists all the factors examined in Chapter I, their correlation coefficient, t-test result, and whether they were significant. These twenty-three significant factors will be the starting point for Chapter II's analysis.

Table 3: Summary of Chapter I Relationships. The table below lists all state factors examined in Chapter I and the t-test and correlation coefficient (CC) for each factor when compared with the C&P receipt rate, Disability Compensation receipt rate, and Improved Pension receipt rate. t-test results of less than -1.960 or greater than 1.960 are significant and are listed in bold.

<i>State Level Factors</i>	<i>C&P</i>		<i>Compensation</i>		<i>Pension</i>	
	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>
<i>General Population Factors</i>						
Total Population	-1.667	-0.23	-1.626	-0.23	-0.777	-0.11
Population Density	-2.451	-0.31	-2.073	-0.29	-2.557	-0.35
Rural Population	2.964	0.39	2.110	0.29	5.203	0.60
Per Capita Income	-3.384	-0.44	-2.293	-0.31	-7.738	-0.75
Poverty	3.713	0.47	2.479	0.34	9.189	0.80
Public Assistance	2.625	0.35	3.088	0.41	-0.683	-0.10
High School Diploma	-1.688	-0.24	-0.854	-0.12	-5.149	-0.60
Bachelor's Degree	-2.116	-0.29	-1.265	-0.18	-5.701	-0.64
African-American	0.231	0.03	-0.377	-0.05	2.776	0.37
Asian	0.055	0.01	0.514	0.07	-2.178	-0.30
Hispanic	0.178	0.03	0.562	0.08	-1.613	-0.23
Native American	4.399	0.54	4.932	0.58	0.124	0.02
White Population	-1.291	-0.18	-1.395	-0.20	0.119	0.02
Adult Disability	2.769	0.37	1.707	0.24	7.357	0.73
Households with SSI	2.009	0.28	1.016	0.15	6.811	0.70
Median Age	-0.444	-0.06	-0.643	-0.09	0.797	0.11
Over 65 Population	-1.299	-0.18	-1.847	-0.26	2.047	0.28
Over 45 Population	-0.528	-0.08	-0.938	-0.13	1.783	0.25
<i>Veteran and Active Duty Population Factors</i>						
Veteran Population	-1.457	-0.21	-1.408	-0.20	-0.749	-0.11
Military Retiree and General Population	6.171	0.67	6.831	0.70	0.380	0.05
Military Retiree and Veteran Population	6.146	0.66	6.685	0.69	0.541	0.08
Active Military	3.789	0.48	4.661	0.56	-1.375	-0.19
Median Age	-4.666	-0.56	-4.796	-0.57	-0.960	-0.14
World War II Era Veterans	-4.525	-0.55	-4.763	-0.57	-0.642	-0.09
Veterans between WWII and Korean Era	-1.017	-0.15	-1.820	-0.25	3.290	0.43
Korean Era Veterans	-2.440	-0.33	-2.949	-0.39	1.092	0.16
Veterans between Korean Era and Vietnam Era	-5.327	-0.61	-5.772	-0.64	-0.485	-0.07
Vietnam Era Veterans	4.704	0.56	5.569	0.63	-0.618	-0.09

<i>State Level Factors</i>	<i>C&P</i>		<i>Compensation</i>		<i>Pension</i>	
	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>
Veterans between Vietnam Era and Persian Gulf Era	2.398	0.33	2.987	0.40	-1.616	-0.23
Persian Gulf Era Veterans	5.061	0.59	4.913	0.58	1.807	0.25
African-American Veterans	0.406	0.06	-0.019	0.00	1.854	0.26
Hispanic Veterans	0.927	0.13	1.245	0.18	-0.942	-0.13
Native American Veterans	4.025	0.50	4.729	0.56	-0.519	-0.07
White Veterans	-1.940	-0.27	-1.929	-0.27	-0.586	-0.08
American Legion Members	-1.221	-0.17	-1.311	-0.19	0.041	0.01
Veterans per Legion Post	0.594	0.09	1.038	0.15	-1.904	-0.26
VFW Members	-0.631	-0.09	-0.726	-0.10	0.359	0.05
Veterans per VFW Post	0.969	0.14	1.306	0.19	-1.278	-0.18
DAV Membership	3.133	0.41	3.049	0.40	1.443	0.20
<i>USDVA Factors</i>						
Healthcare Enrollment	2.830	0.38	2.031	0.28	5.235	0.60
Dollars Spent on Healthcare	1.902	0.26	1.348	0.19	3.499	0.45
Veterans per Hospital	-0.784	-0.11	-0.468	-0.07	-1.826	-0.25
Veterans per Health Care Facility	1.891	0.26	1.477	0.21	2.449	0.33
Veterans per Benefits Office	-1.106	-0.16	-1.081	-0.15	-0.551	-0.08
Disability Claim Granted	1.756	0.25	1.534	0.22	1.587	0.22
Treated with Respect	1.093	0.16	1.199	0.17	0.026	0.00
Knowledgeable of Benefits	0.202	0.03	0.782	0.11	-2.809	-0.38
<i>Claims Assistance Factors</i>						
Total Service Officers	-0.920	-0.13	-0.493	-0.07	-2.478	-0.34
VSO Service Officers	-0.627	-0.09	-0.875	-0.13	0.754	0.11
State and County Service Officers	-0.215	-0.03	0.205	0.03	-2.199	-0.30
State Service Officers	-3.206	-0.42	-3.177	-0.42	-1.133	-0.16
Assisted by VSO Service Officer	-0.117	-0.02	-0.005	0.00	-0.427	-0.06
Assisted by State/County Service Officer	0.995	0.14	0.226	0.03	4.608	0.55

Chapter II

The Significance of State Factors across Four Disability Levels

This chapter will attempt to test the second hypothesis, which is that the significant factors identified in Chapter I are less likely to influence veterans with severe or total disability than veterans with mild or moderate disability. My expectation before performing any calculations is that there will be a stronger relationship between these factors and veterans with mild disability, as I believe veterans with mild disability are more likely to have local conditions influence whether they apply for assistance. I also believe veterans with severe and total disability are more likely to exhibit outward signs of disability and therefore will be more likely encouraged to apply for disability. If my second hypothesis is not supported, there are two possible alternatives. The first is that another category of veterans is more likely to be influenced by state factors, such as severe or moderate disability levels. The second is that veterans at all disability levels are influenced equally by the significant state factors.

As stated in the introduction, veterans receiving Disability Compensation receive a disability rating from the USDVA from 0% to 100%. For the purpose of this thesis, I established four disability categories, which are mild disability (less than 30%); moderate disability (30% to 50%); severe disability (60% to 90%); and total disability (100%). Where Table 1 was a constant source of data for Chapter I, Table 2 in the Introduction is the constant source of data for Chapter II. Table 2 lists the percentage of all veterans that fall into the four categories above for all states. Since Improved Pension does not have varying degrees of disability, Table 2 only lists values for Disability Compensation.

In this chapter, I will examine the relationships between the values listed in Table

2 and the twenty-three significant relationships identified in Chapter I. Each significant factor from Chapter I will now have four independent relationships corresponding to each disability category, and I will provide the correlation coefficient and t-test results for these ninety-two new relationships. As in Chapter I, a t-test result of less than -1.960 or greater than 1.960 shows a significant relationship. Appendix C provides bar graphs that give a visual representation of the changes in the correlation coefficient across the four categories for each state factor. Solid black bars indicate that the t-test result shows a significant relationship, and white bars indicate the t-test does not show a significant relationship.

General Population Factors

Chapter I showed that nine state-level factors in the general population have a significant relationship with disability receipt rates. The average of the absolute value of the correlation coefficients for these factors is .39, with an average t-test result of 2.937. Table 4 below lists the nine general state population factors, the significance of the factors at each of the four levels of disability, and the average of the absolute values off the t-test and correlation coefficient for these factors. Significant relationships are listed in bold. Figures C1 through C10 at Appendix C provide bar graphs to visually represent these outcomes.

The results do not support my hypothesis, as they indicate that Disability Compensation receipt rates for severe and totally disabled veterans have a stronger relationship with state-level factors than do receipt rates for mild and moderately disabled veterans. The level of significance increases sharply as the level of disability increases, indicating that the opposite of my hypothesis appears true. The absolute average of the correlation coefficients for these relationships increases every time the severity of

disability increases, with this result rising from 0.12 for mildly disabled veterans to 0.41 for totally disabled veterans. Six of the nine factors are most significant at the total disability level; two of the factors only show significance at this highest level. Only one of the nine is significant at the mild disability level, but all nine are significant at the total disability level.

Table 4: General Population Factors across Four Disability Levels

<i>General Population Factor</i>	<i>Mild <30%</i>		<i>Moderate 30% - 50%</i>		<i>Severe 60% - 90%</i>		<i>Total 100%</i>	
	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>
Population Density	-0.434	-0.06	-2.364	-0.32	-2.535	-0.34	-1.975	-0.27
Rural Population	0.057	-0.01	1.973	0.27	2.831	0.38	3.433	0.44
Per Capita Income	-0.164	-0.02	-1.745	-0.24	-3.035	-0.40	-4.032	-0.50
Poverty	0.917	0.13	1.663	0.23	2.619	0.35	4.152	0.51
Public Assistance	1.572	0.22	3.165	0.42	4.092	0.51	2.275	0.31
Native American	3.046	0.40	5.265	0.61	5.605	0.63	2.352	0.32
Adult Disability	0.551	0.08	0.960	0.14	1.624	0.23	4.021	0.50
Households with SSI	-0.125	-0.02	0.359	0.05	1.179	0.17	3.085	0.41
Bachelor's Degree	0.633	0.09	-0.939	-0.13	-2.060	-0.29	-2.740	-0.37
<i>Abs. Average for General Population Factors</i>	0.833	0.12	2.048	0.27	2.842	0.37	3.118	0.41

Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-PH1-R. Population, Housing Units, Area, and Density: 2000 (Washington DC, USCB, 2001).

Source: USCB, P5. Urban and Rural (Washington DC, USCB, 2002).

Source: USCB, GCT-P14: Income and Poverty in 1999 (Washington, DC: USCB, 2001).

Source: USCB, P64. Public Assistance Income in 1999 for Households (Washington DC, USCB, 2001).

Source: USCB, GCT-P6: Race and Hispanic or Latino (Washington DC, USCB, 2001).

Source: USCB, QT-P21: Disability Status by Sex (Washington DC, USCB, 2001).

Source: USCB, P63: Supplemental Security Income in 1999 for Households (Washington DC, USCB, 2001).

Source: USCB, PPL-169: Educational Attainment in the US (Washington DC, USCB, 2002) Table 13.

In Chapter I, three possible explanations were provided to explain why general population factors had a significant relationship with C&P receipt rates. Either these factors created an environment that influenced veterans, disabled veterans were attracted to states with certain characteristics, or veterans who originated from states with these socioeconomic conditions were more likely to become disabled as a result of their service. Based on the results from both chapters, I believe it is likely that disabled veterans migrate to certain areas and that veterans originating from locations with certain characteristics are more likely to become disabled. With severe and totally disabled veterans likely living on fixed incomes, it is reasonable to assume they would be more likely to migrate to areas with lower costs of living. These areas would tend to be rural and economically depressed. A totally disabled service-connected veteran would have a much better standard of living in rural Oklahoma than in urban California. On the other hand, although I have no statistics to verify my belief, my experience has been that a majority of veterans return to their home state upon separation. I think it would be reasonable to assume that veterans from states with poor socioeconomic conditions would have a greater likelihood to serve in career fields that are more dangerous, such as infantry. And, since a college degree is required to become an officer, it may be that states with fewer college graduates would also have fewer officer candidates.

Veteran Population Factors

Chapter I showed that twelve state-level factors in the veteran population have a significant relationship with disability receipt rates. As can be expected, the average of the absolute value of the correlation coefficient for these factors is stronger than for the general population factors. The average correlation coefficient for the relationship

between these twelve factors and disability receipt rates is .52, with an average t-test result of 4.365. Table 5 below lists the twelve veteran population factors, their significance at each of the four levels of disability, and the average of the absolute values of these twelve factors. Significant relationships are listed in bold. Figures C11 through C23 at Appendix C provide bar graphs to visually represent these outcomes.

Table 5: Veteran Population Factors across Four Disability Levels

<i>Veteran Population Factor</i>	<i>Mild <30%</i>		<i>Moderate 30% - 50%</i>		<i>Severe 60% - 90%</i>		<i>Total 100%</i>	
	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>
Military Retiree and General Population	6.585	0.69	7.821	0.75	4.190	0.52	3.475	0.45
Military Retiree and Veteran Population	6.961	0.71	7.727	0.74	3.797	0.48	3.301	0.43
Active Military	5.179	0.60	5.969	0.65	2.787	0.37	1.745	0.24
Median Age	-3.660	-0.47	-6.542	-0.69	-3.624	-0.46	-1.962	-0.27
World War II Era Veterans	-3.712	-0.47	-6.741	-0.70	-3.469	-0.45	-1.898	-0.26
Korean Era Veterans	-2.323	-0.32	-4.759	-0.57	-2.329	-0.32	-0.281	-0.04
Veterans between Korea Era and Vietnam Era	-5.253	-0.60	-7.325	-0.73	-3.816	-0.48	-2.312	-0.32
Vietnam War Era Veterans	3.992	0.50	7.186	0.72	4.769	0.57	2.643	0.36
Veterans between Vietnam Era and Persian Gulf Era	3.169	0.42	4.169	0.52	2.118	0.29	0.467	0.07
Persian Gulf Era Veterans	4.234	0.52	6.563	0.69	2.992	0.40	2.203	0.30
Native-American Veterans	2.893	0.39	5.365	0.61	5.513	0.62	1.984	0.28
DAV Membership	2.474	0.34	1.907	0.27	3.054	0.40	3.837	0.48
<i>Abs. Average for Veteran Population Factors</i>	4.203	0.50	6.006	0.64	3.538	0.45	2.176	0.29

Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, Census 2000 Ranking Tables for States: 1990 and 2000.

Source: DOD, DoD Statistical Report on the Military Retirement System - FY2001 (Washington DC: DoD, Office of the Actuary, 2002) 20.

Source: USCB, P39: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over (Washington, DC: USCB, 2001).

Source: USDVA, VetPop 2001, Table 1L.

Source: USDVA, VetPop 2001 Adjusted (Washington, DC: USDVA Office of Policy and Planning, 2002) Table 2L.

Source: USCB, P056: Sex by Age by Armed Forces Status by Veteran Status for the

Population 18 Years and Over (Washington, DC: USCB, 2002).

Source: Disabled American Veterans, DAV Population Summary: State Report (Cold Spring, KY: Membership Headquarters, 2003) 1.

Although these results also do not support my hypothesis, they are much more in line with my expectations than the results from the general population factors. Since the veteran population factors had greater significance than the general population factors, it is not surprising that seven of the factors were significant across all four disability levels and all twelve factors were significant across at least three disability levels. All twelve factors were significant at the mild disability level, and ten of the twelve had the greatest significance at the moderate disability level, which had a correlation coefficient absolute average of 0.64. With the exception of the total disability level, all of the correlation coefficient absolute averages were higher than the highest absolute average correlation coefficient for the general population factors. Four of the factors were not significant at the total disability level.

Clearly, disability receipt rates across the four disability levels seem to indicate that statewide veteran factors have a more significant relationship with veterans having mild and moderate disabilities, which, as Figure 1 from the Introduction showed, represents approximately 75% of all disabled veterans. As discussed in the previous section, I believe it is likely that severe and totally disabled veterans have pressures to move to areas that have general population factors that are favorable to people with low and/or fixed incomes. I believe it is less likely that veterans at any veteran disability level would migrate to an area solely because of the veteran population factors. The key significant relationships for the veteran population factors are age and retiree status. I believe these results indicate that the veteran service community needs to focus on examining its veteran population and developing strategies that specifically cater to

veterans who under-utilize disability programs, namely older veterans who did not retire from military service.

USDVA and Claims Assistance

Since only one factor from each of these two sections proved significant in Chapter I, I will consider them together here. Although both factors had significant relationships in Chapter I, the results were not as strong as the veteran population factors. Table 6 below lists the results for USDVA healthcare enrollment and the number of veterans per state service officer. Healthcare enrollment increased in significance as disability increased, without significant relationships at the mild and moderate disability levels, which is very similar to the results of many of the general population factors. The state service officer results were significant at all levels, with a slight tendency to increase in significance as disability increased. In this way, the state service officer results have characteristics common to both the general and veteran population factors.

Table 6: USDVA and Claims Assistance across Four Disability Levels

<i>USDVA and Claims Assistance Factor</i>	<i>Mild <30%</i>		<i>Moderate 30% - 50%</i>		<i>Severe 60% - 90%</i>		<i>Total 100%</i>	
	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>	<i>t-test</i>	<i>CC</i>
Healthcare Enrollment	0.419	0.06	1.244	0.18	2.671	0.36	3.555	0.46
State Service Officers	-2.498	-0.34	-2.719	-0.37	-2.770	-0.37	-3.572	-0.46

Source: NASDVA, VA Healthcare Enrollment (Madison, WI: Wisconsin Department of Veterans Affairs, 2003) 1.

Source: NASDVA, Service Officer Survey (Madison, WI: Wisconsin Department of Veterans Affairs, 2003) 1.

There are several explanations for the increase in significance in healthcare enrollment as disability increases. To begin, severe and totally disabled veterans are much more likely to need healthcare from the USDVA. In addition, once enrolled, more

severely disabled veterans will have greater access to prompt care, as they will be given priority over non-disabled and less disabled veterans. Most mild and moderately disabled veterans are able to continue working, and they are more likely to have health insurance through their employer. This health insurance is, in many cases, better suited to the needs of the veteran, as the veteran is generally able to access his or her healthcare in the local community without having to travel to a USDVA facility. Also, since their disability is by nature less severe, they are less likely to need frequent or specialized care. Of course, the opposite is true for severe and totally disabled veterans. If the veterans are unable to work, or unable to find work that carries health insurance coverage, they will need to rely on the USDVA for their frequent medical needs. Unfortunately, I believe this often means that mild and moderately disabled veterans do not receive the disability benefits they are entitled to receive. Since they are still able to work and generally do not need to rely on the USDVA for healthcare, they are less likely to have their health conditions diagnosed as being service related by a USDVA care provider.

I am less able to explain the results for state service officers. To reiterate the previous chapter, the results indicated that as the number of veterans per service officer decreased, the disability receipt rate rose. I think it is a reasonable assumption that this indicates veterans receive better assistance when each service officer assists a fewer number of veterans. Since service officers make the burden of applying for disability much more manageable, I expected to see greater significance at lower disability levels. I had thought that veterans who feel they have little to gain because of their mild disability would be unwilling to go through the hassle of filing on their own. I now believe these results indicate that as disability levels increase, so does the need for assistance in applying for benefits. Although more severely disabled veterans may have a greater incentive to apply for disability, these results seem to indicate they are more likely to be

unable to apply without assistance. In areas where that assistance is harder to find, it is reasonable to assume that few severe and totally disabled veterans will successfully apply for disability.

Chapter Conclusion

Chapter II's results indicate my second hypothesis is false, as none of the twenty-three relationships examined was strongest at the mild disability category. Where Chapter I established that statewide factors can be shown to have a significant relationship with disability receipt rates, Chapter II showed state demographic factors matter more at some disability categories than others. There is a sharp contrast in how general population factors and veteran population factors influence the Disability Compensation receipt rates. The evidence suggested that for the general population, the total disability category had the strongest relationship with state demographics. The moderate disability category had the strongest relationship with veteran and active-duty state demographics.

Conclusion

In the Introduction I laid out a plan that would test two hypotheses regarding veteran disability receipt rates in America. After following this plan, one of the hypotheses has been supported, and one has been refuted. The first chapter clearly showed that the distribution of disabled veterans across our nation is not random. Factors within states can be shown to have statistically significant relationships with disability receipt rates. Although I am disappointed that my second hypothesis was not supported, I believe the results of the second chapter are just as informative as the first. The second hypothesis did not fail because there were no patterns. It failed because the patterns were unexpected, and I believe the results give veteran service providers even more information on the environment they work within than if the second hypothesis corroborated. In these final sections I will provide both my academic conclusions and reflect upon my personal experience as a director of veteran services in the State of Vermont.

In corroborating the first hypothesis, the first chapter laid out four themes on Disability Compensation and Improved Pension receipt rates. First, states with rural, poor, and poorly educated populations will have more disabled veterans. The synergy of these three factors is seen most clearly when examining the Native American population, which had the most positive, significant relationship of all the general population factors. The race of the population is not the driving force here, but the socioeconomic conditions of states with high Native American populations. In addition, these socioeconomic conditions were shown to have exceptionally strong relationships with the Improved Pension program specifically. By far, the strongest relationship of any tested in this

entire thesis was the relationship between the percentage of the population living in poverty and the Improved Pension receipt rate.

Second, states with higher percentages of younger veterans will have higher percentages of disabled veterans. Seven of the twelve significant relationships identified in the veteran population section of the first chapter were directly related to age. The results show a clear shift beginning with the Vietnam Era that is a result of several principal factors. Veterans no longer feel there is a stigma against receiving assistance from the government, and veterans increasingly know more about the benefits they are entitled to receive. Having worked with veterans from eras ranging between World War I and the present, I have noticed significant differences in attitude regarding veterans' benefits. Many of the veterans from World War II and the Korean Era that I have worked with seem to feel that they did their duty and have no expectations of the government to provide anything to them. I have seen first hand that these veterans are also the veterans who most appreciate non-monetary recognition from the government. In my state, we recently began awarding medals to veterans to thank them for their service. It is not uncommon for World War II and Korean Era veterans to break down and cry when presented their medals. Veterans from the Vietnam Era have a more demanding attitude that they be recognized. Veterans from more recent periods seem to think the medals are interesting trinkets. Generally speaking, they seem much more interested in our programs with tangible benefits.

Another trend I have observed is that younger veterans have a much better understanding of how government works and are far more savvy at applying for benefits. Since the end of the Vietnam Era, the US military has maintained an all-volunteer force. Although my experience in the military during the 1990s showed that nearly every military member was proud of providing a service to his or her nation, few military

members joined without considering the benefits provided either while they served or after. Today's veterans expect benefits from their service, as benefits were a major factor in their decision to join the military.

These expectations have also created new types of veteran service organizations that are focused solely on advocacy for the veteran. An example of this is Vietnam Veterans of America, Inc. (VVA), which has a national membership of approximately 45,000.³⁶ This organization does not provide veterans with gathering places to develop a sense of community like the American Legion and VFW, as the VVA is focused on lobbying for additional benefits from the government and helping veterans get their benefits. It has been my experience that the average VVA member has a far better understanding of his or her entitlements than the average American Legion or VFW member.

In closing the generational component theme of the veteran population, I think it is reasonable to assume that many disabled veterans from World War II and the Korean War Era have already perished for several reasons. To begin, an individual who was twenty years old in 1941 would now be eighty-three; an individual who was twenty years old at the beginning of the Korean War Era would now be seventy-four. Assuming that disabled veterans might have a shorter life-expectancy because of their disabilities, chances are a majority of disabled veterans from these periods are no longer with us. Next, improvements in equipment and battlefield medicine have resulted in fewer deaths per injury since World War II. During the recent war in Iraq, USA Today reported that soldiers injured in Iraq were more than twice as likely to survive as soldiers from World

³⁶ USDVA, 2003 Directory Veterans Service Organizations, 42.

War II.³⁷ These soldiers will most likely survive to become disabled veterans.

The third theme from Chapter I is that states with more military retirees will have a higher percentage of disabled veterans. Of all the state factors compared to the C&P receipt rates, the two factors relating to military retirees had the strongest relationships. Two underlying principles drive this relationship. Military retirees typically serve for twenty years or more, which is five times longer than most veterans who serve for one enlistment period of four years. With more years of service, and with many of those years of service at older ages, there are more opportunities for injury. The second principle is that military retirees, having spent so many years in a government bureaucracy, will have a much better understanding of their government entitlements and how to apply for them. In most cases, those who have retired will have moved up in the ranks to management positions, providing them a better understanding of how to pursue their benefits.

The fourth and final theme from Chapter I is that it appears that efforts by the USDVA, states, local governments, and veteran service organizations have little influence on C&P receipt rates. Of the sixteen factors examined in the USDVA and claims-assistance sections, only two were shown to have a significant relationship. There was a positive, significant relationship between USDVA healthcare enrollment and C&P receipt rates. This is to be expected, as priority access to USDVA healthcare is granted to those receiving Disability Compensation and Improved Pension. I find it especially interesting that the percentage of veterans who had their claims approved and how veterans viewed local USDVA staff seemed to have no relationship with C&P receipt rates.

³⁷ “Injured Troops’ Survival Rate Up,” USA Today, 8 March 2004
 <<http://pqasb.pqarchiver.com/USAToday/431415981.html?did=431415981&FT=ABS&FMTS=FT&date=Oct+27,+2003&author=Dave+Moniz&desc=Injured+troops%27+survival+rate+up+%3b+Gear,+medical+care+saving+lives+in+Iraq>>.

Only state claims assistance programs could be shown to have a relationship with C&P receipt rates, with disability rates decreasing as the number of veterans per state service officer increased. This solidified my preconceived, and possibly biased, belief that state service officers tend to have more of a positive impact than service officers from counties and service organizations. There are many exceptional county and veteran service organization service officers, but my experience has shown that the quality of their service is not as consistent as state service officers. This has less to do with the initial quality of the service officers and more to do with the resources, stability, and management typically provided by states to their service officer programs. States are likely to track claims assistance data and use these results to improve their programs.

In refuting the second hypothesis, the second chapter laid out two themes on how local factors influence C&P receipt rates across different disability levels. General population factors have the strongest relationship with totally disabled veterans, and veteran population factors have the strongest relationship with moderately disabled veterans. The first theme suggests veterans with a higher degree of disability migrate to, or return to, places with set general population factors, specifically general population factors that would be beneficial to someone living on a fixed income provided by the government. Migration to places with lower socioeconomic characteristics may be especially appealing to military retirees, who may have lost their ties to their home state during their twenty years of service and who may now be on a fixed income. This is a tendency I have witnessed first hand, as my office frequently works with both military retirees and disabled veterans who are considering relocating to Vermont. They contact my office seeking information on state benefits and local economic conditions. A totally disabled veteran on a fixed disability income moving to Vermont could live comfortably in the state's Northeast Kingdom, an area noted for its rural nature and depressed

economy. The same veteran could not live comfortably in Chittenden County, which is Vermont's largest population center. As a result, the three counties that make up the Northeast Kingdom are the only counties in Vermont that have a C&P receipt rate above the national average.³⁸ It would be interesting to see if the enlistment rate was higher in the Northeast Kingdom, or if people living in that area were more likely to join a particular branch of service, but this information does not appear to be available.

Unlike general population factors, veteran population factors have the most influence on moderately disabled veterans, although mildly disabled veterans are also heavily influenced. This, coupled with Chapter I's findings on veteran age, indicate that older veterans are less likely to receive disability at the mild and moderate level. I believe this is because older veterans with mild and moderate disability do not apply for the benefits they are entitled to receive. A perfect example of this is a World War II veteran that the Vermont VFW Service Officer assisted last year. The gentleman came in, apologizing for being a bother, and stated that he has had back pain ever since the war that was finally proving to be too much for him to bear. He had never applied for veterans' benefits. While examining the veteran, USDVA doctors ordered an x-ray of his back, revealing dozens of metal fragments from shrapnel. The shrapnel had been lodged when a mortar had gone off behind him on D-Day. With this type of disability, I believe the gentleman would fall within the moderately disabled range. His disabilities caused pain, but he was able to work and raise a family. I know there are countless other similar stories across the nation.

Limitations and Recommendations for Future Study

As is often the case, this thesis raised as many questions as it answered. My

³⁸ NASDVA, Compensation Cases, 2000 Vermont, County Data (Madison, WI: Wisconsin Department of Veterans Affairs, 2001) 1.

recommendations for future study will fall into two categories. To begin, the statistical tests used for this thesis were relatively simple, as all of the relationships were examined one-on-one. Using more complex statistical tools, such as multiple regressions, could provide more revealing details. More importantly, however, additional research should focus on examining the same relationships at the county level. Many states have wide internal variations for the state factors examined. In a state like New York, which has extreme variations in per capita income, population density, racial distribution, and many other factors, it would be interesting to see if the same or similar results were obtained. Doing so would provide veteran service providers with an even better understanding of how to modify their activities to best serve their local population.

Recommendations for Service Providers and Final Thoughts

My recommendation to service providers from all organizations is that they either continue or begin examining their local conditions to cater their services to the needs of their environment. Organizations that provide claims assistance need to follow the NASDVA's lead on learning how to measure their efforts. Because of the complexity of the service they provide and the difficulty in measurement, service officers have many times been left to operate too independently. Service officers work so closely with veterans that in my view they often develop a myopic view of the situation. I hope this is not taken as a criticism of service officers as a whole, as the vast majority are dedicated professionals seeking to improve the lives of veterans, but there need to be systems in place to measure output and then take action as necessary. This action could be anything from additional training to developing new marketing techniques specifically geared towards the local population. In the 1990s, total quality management techniques were instituted throughout the military. These techniques could also help veteran service

providers assist military members after they separate.

My next recommendation is that the USDVA needs to take on a less passive role in administering disability benefits. In reviewing the USDVA's annual strategic plans, there is very little commitment to educating the veteran population of the benefits they are entitled to receive. The reason for this is obvious, as USDVA budgets are not directly linked to the number of customers they serve. Increases in benefit enrollments does not necessarily lead to increases in appropriations. This situation could be corrected in three different ways. First, USDVA appropriations could become mandatory based on customer volume and not on subjective and political budget planning. Second, an independent federal department could be created that would take over marketing veteran benefits and assisting with claims. And lastly, the federal government could financially support the efforts of states and counties, which already expend their own resources in taking on significant responsibility for USDVA disability programs. Not surprisingly, the NASDVA strongly supports this third option.

My final recommendation is to use and add to the information found within this thesis. What I learned in completing this thesis will help me guide the State of Vermont's veterans programs. In conducting my research, my hope was to learn how to increase disability receipt rates for Vermont. I was confident many veterans with disabilities in Vermont did not receive the benefits they deserved, but I needed academically sound evidence to convince Vermont's elected leaders to take a course of action. As the only state in the nation that does not provide claims assistance to veterans through state employees, contract employees, and/or county employees, my goal was to establish a connection between our failure to provide claims assistance and our low C&P receipt rate. Although state claims assistance was shown to be a factor, I see that there are other factors at play. First, although Vermont has a higher percentage of its

population living in rural locations than any other state, we have a relatively low poverty rate and a well-educated population. Also, since we live in a cold climate with no active duty military bases, we have very few military retirees. And lastly, we have higher percentages of World War II and Korean Era veterans than most states, and a lower percentage of Persian Gulf Era veterans. In writing and researching Chapter I, I realized these factors contributed to our low disability receipt rate. In writing and researching Chapter II, I realized that I need to focus our outreach efforts to moderately disabled older veterans and severely disabled low-income veterans. Now that I have a better understanding of Vermont's demographic environment, I can act more precisely to ensure my state's veterans receive the benefits they earned.

Appendix A:
State Demographic Data

Table A1: General Population - Population, Population Density, and Rural Population

<i>State</i>	<i>Total Population</i>	<i>Population Density - Population per Square Mile</i>	<i>Percent Population in Rural Area</i>
Alabama	4,447,100	87.6	44.6%
Alaska	626,932	1.1	34.3%
Arizona	5,130,632	45.2	11.8%
Arkansas	2,673,400	51.3	47.6%
California	33,871,648	217.2	5.5%
Colorado	4,301,261	41.5	15.5%
Connecticut	3,405,565	702.9	12.3%
Delaware	783,600	401.1	20.0%
Florida	15,982,378	296.4	10.7%
Georgia	8,186,453	141.4	28.3%
Hawaii	1,211,537	188.6	8.4%
Idaho	1,293,953	15.6	33.6%
Illinois	12,419,293	223.4	12.2%
Indiana	6,080,485	169.5	29.2%
Iowa	2,926,324	52.4	38.9%
Kansas	2,688,418	32.9	28.6%
Kentucky	4,041,769	101.7	44.3%
Louisiana	4,468,976	102.6	27.3%
Maine	1,274,923	41.3	59.8%
Maryland	5,296,486	541.9	13.9%
Massachusetts	6,349,097	809.8	8.6%
Michigan	9,938,444	175.0	25.3%
Minnesota	4,919,479	61.8	29.1%
Mississippi	2,844,658	60.6	51.2%
Missouri	5,595,211	81.2	30.6%
Montana	902,195	6.2	46.0%
Nebraska	1,711,263	22.3	30.3%
Nevada	1,998,257	18.2	8.4%

<i>State</i>	<i>Total Population</i>	<i>Population Density - Population per Square Mile</i>	<i>Rural Population %</i>
New Hampshire	1,235,786	137.8	40.8%
New Jersey	8,414,350	1,134.4	5.7%
New Mexico	1,819,046	15.0	25.0%
New York	18,976,457	401.9	12.5%
North Carolina	8,049,313	165.2	39.8%
North Dakota	642,200	9.3	44.2%
Ohio	11,353,140	277.3	22.7%
Oklahoma	3,450,654	50.3	34.7%
Oregon	3,421,399	35.6	21.3%
Pennsylvania	12,281,054	274.0	23.0%
Rhode Island	1,048,319	1,003.2	9.1%
South Carolina	4,012,012	133.2	39.5%
South Dakota	754,844	9.9	48.1%
Tennessee	5,689,283	138.0	36.4%
Texas	20,851,820	79.6	17.5%
Utah	2,233,169	27.2	11.7%
Vermont	608,827	65.8	61.8%
Virginia	7,078,515	178.8	27.0%
Washington	5,894,121	88.6	18.0%
West Virginia	1,808,344	75.1	53.9%
Wisconsin	5,363,675	98.8	31.7%
Wyoming	493,782	5.1	34.8%

Source: USCB, Census 2000 Ranking Tables for States: 1990 and 2000.

Source: USCB, GCT-PH1-R. Population, Housing Units, Area, and Density: 2000.

Source: USCB, P5. Urban and Rural.

Table A2: General Population - Income, Poverty, Public Assistance, and Education

<i>State</i>	<i>Per Capita Income</i>	<i>Poverty %</i>	<i>Public Assistance %</i>	<i>High School Graduates</i>	<i>Received Bachelor's Degree</i>
Alabama	\$18,189	12.5%	2.2%	78.9%	22.7%
Alaska	\$22,660	6.7%	8.7%	92.2%	25.6%
Arizona	\$20,275	9.9%	2.9%	84.6%	26.3%
Arkansas	\$16,904	12.0%	2.9%	81.0%	18.3%
California	\$22,711	10.6%	4.9%	80.2%	27.9%
Colorado	\$24,049	6.2%	2.5%	87.6%	35.7%
Connecticut	\$28,766	5.6%	3.7%	88.0%	32.6%
Delaware	\$23,305	6.5%	2.7%	88.5%	29.5%
Florida	\$21,557	9.0%	2.8%	83.3%	25.7%
Georgia	\$21,154	9.9%	2.9%	82.9%	25.0%
Hawaii	\$21,525	7.6%	7.2%	87.9%	26.8%
Idaho	\$17,841	8.3%	3.4%	86.8%	20.9%
Illinois	\$23,104	7.8%	3.3%	85.9%	27.3%
Indiana	\$20,397	6.7%	2.6%	85.3%	23.7%
Iowa	\$19,674	6.0%	2.9%	88.3%	23.1%
Kansas	\$20,506	6.7%	2.4%	87.5%	29.1%
Kentucky	\$18,093	12.7%	3.8%	80.8%	21.6%
Louisiana	\$16,912	15.8%	3.3%	78.8%	22.1%
Maine	\$19,533	7.8%	4.8%	87.4%	23.8%
Maryland	\$25,614	6.1%	2.4%	87.5%	37.6%
Massachusetts	\$25,952	6.7%	2.9%	86.5%	34.3%
Michigan	\$22,168	7.4%	3.6%	86.5%	22.5%
Minnesota	\$23,198	5.1%	3.4%	92.2%	30.5%
Mississippi	\$15,853	16.0%	3.5%	79.1%	20.9%
Missouri	\$19,936	8.6%	3.4%	88.1%	26.7%
Montana	\$17,151	10.5%	3.3%	89.7%	23.6%
Nebraska	\$19,613	6.7%	2.8%	89.8%	27.1%
Nevada	\$21,989	7.5%	2.3%	85.8%	22.1%
New Hampshire	\$23,844	4.3%	3.0%	90.2%	30.1%
New Jersey	\$27,006	6.3%	2.8%	85.9%	31.4%
New Mexico	\$17,261	14.5%	4.7%	81.6%	25.4%
New York	\$23,389	11.5%	4.9%	83.7%	28.8%
North Carolina	\$20,307	9.0%	2.8%	80.1%	22.4%
North Dakota	\$17,769	8.3%	2.9%	89.0%	25.3%
Ohio	\$21,003	7.8%	3.2%	87.3%	24.5%
Oklahoma	\$17,646	11.2%	5.1%	85.1%	20.4%

<i>State</i>	<i>Per Capita Income</i>	<i>Poverty %</i>	<i>Public Assistance %</i>	<i>High School Graduates</i>	<i>Received Bachelor's Degree</i>
Oregon	\$20,940	7.9%	3.6%	87.7%	27.1%
Pennsylvania	\$20,880	7.8%	3.1%	86.1%	26.1%
Rhode Island	\$21,688	8.9%	4.6%	80.1%	30.1%
South Carolina	\$18,795	10.7%	2.5%	80.2%	23.3%
South Dakota	\$17,562	9.3%	3.0%	89.2%	23.6%
Tennessee	\$19,393	10.3%	3.5%	80.1%	21.5%
Texas	\$19,617	12.0%	3.2%	78.1%	26.2%
Utah	\$18,185	6.5%	3.1%	91.0%	26.8%
Vermont	\$20,625	6.3%	4.8%	87.4%	30.8%
Virginia	\$23,975	7.0%	2.5%	86.7%	34.6%
Washington	\$22,973	7.3%	3.8%	90.4%	28.3%
West Virginia	\$16,477	13.9%	4.0%	78.5%	15.9%
Wisconsin	\$21,271	5.6%	1.7%	86.8%	24.7%
Wyoming	\$19,134	8.0%	2.6%	91.6%	19.6%

Source: USCB, GCT-P14: Income and Poverty in 1999.

Source: USCB, P64. Public Assistance Income in 1999 for Households.

Source: USCB, PPL-169: Educational Attainment in the US, Table 13.

Table A3: General Population - Race

<i>State</i>	<i>African-American</i>	<i>Asian</i>	<i>Hispanic</i>	<i>Native American</i>	<i>White</i>
Alabama	26.0%	0.7%	1.7%	0.5%	71.1%
Alaska	3.5%	4.0%	4.1%	15.6%	69.3%
Arizona	3.1%	1.8%	25.3%	5.0%	75.5%
Arkansas	15.7%	0.8%	3.2%	0.7%	80.0%
California	6.7%	10.9%	32.4%	1.0%	59.5%
Colorado	3.8%	2.2%	17.1%	1.0%	82.8%
Connecticut	9.1%	2.4%	9.4%	0.3%	81.6%
Delaware	19.2%	2.1%	4.8%	0.3%	74.6%
Florida	14.6%	1.7%	16.8%	0.3%	78.0%
Georgia	28.7%	2.1%	5.3%	0.3%	65.1%
Hawaii	1.8%	41.6%	7.2%	0.3%	24.3%
Idaho	0.4%	0.9%	7.9%	1.4%	91.0%
Illinois	15.1%	3.4%	12.3%	0.2%	73.5%
Indiana	8.4%	1.0%	3.5%	0.3%	87.5%
Iowa	2.1%	1.3%	2.8%	0.3%	93.9%
Kansas	5.7%	1.7%	7.0%	0.9%	86.1%
Kentucky	7.3%	0.7%	1.5%	0.2%	90.1%
Louisiana	32.5%	1.2%	2.4%	0.6%	63.9%
Maine	0.5%	0.7%	0.7%	0.6%	96.9%
Maryland	27.9%	4.0%	4.3%	0.3%	64.0%
Massachusetts	5.4%	3.8%	6.8%	0.2%	84.5%
Michigan	14.2%	1.8%	3.3%	0.6%	80.2%
Minnesota	3.5%	2.9%	2.9%	1.1%	89.4%
Mississippi	36.3%	0.7%	1.4%	0.4%	61.4%
Missouri	11.2%	1.1%	2.1%	0.4%	84.9%
Montana	0.3%	0.5%	2.0%	6.2%	90.6%
Nebraska	4.0%	1.3%	5.5%	0.9%	89.6%
Nevada	6.8%	4.5%	19.7%	1.3%	75.2%
New Hampshire	0.7%	1.3%	1.7%	0.2%	96.0%
New Jersey	13.6%	5.7%	13.3%	0.2%	72.6%
New Mexico	1.9%	1.1%	42.1%	9.5%	66.8%
New York	15.9%	5.5%	15.1%	0.4%	67.9%
North Carolina	21.6%	1.4%	4.7%	1.2%	72.1%
North Dakota	0.6%	0.6%	1.2%	4.9%	92.4%
Ohio	11.5%	1.2%	1.9%	0.2%	85.0%
Oklahoma	7.6%	1.4%	5.2%	7.9%	76.2%
Oregon	1.6%	3.0%	8.0%	1.3%	86.6%

<i>State</i>	<i>African-American</i>	<i>Asian</i>	<i>Hispanic</i>	<i>Native American</i>	<i>White</i>
Pennsylvania	10.0%	1.8%	3.2%	0.1%	85.4%
Rhode Island	4.5%	2.3%	8.7%	0.5%	85.0%
South Carolina	29.5%	0.9%	2.4%	0.3%	67.2%
South Dakota	0.6%	0.6%	1.4%	8.3%	88.7%
Tennessee	16.4%	1.0%	2.2%	0.3%	80.2%
Texas	11.5%	2.7%	32.0%	0.6%	71.0%
Utah	0.8%	1.7%	9.0%	1.3%	89.2%
Vermont	0.5%	0.9%	0.9%	0.4%	96.8%
Virginia	19.6%	3.7%	4.7%	0.3%	72.3%
Washington	3.2%	5.5%	7.5%	1.6%	81.8%
West Virginia	3.2%	0.5%	0.7%	0.2%	95.0%
Wisconsin	5.7%	1.7%	3.6%	0.9%	88.9%
Wyoming	0.8%	0.6%	6.4%	2.3%	92.1%

Source: USCB, GCT-P6: Race and Hispanic or Latino.

Table A4: General Population - Disability and Age

<i>State</i>	<i>Self-Identified Disabled Over 21</i>	<i>Receiving SSI</i>	<i>Median Age</i>	<i>Population Over 65</i>	<i>Population Over 45</i>
Alabama	28.0%	6.0%	35.8	13.0%	35.8%
Alaska	18.3%	3.1%	32.4	5.7%	28.0%
Arizona	23.3%	3.6%	34.2	13.0%	33.9%
Arkansas	28.4%	5.8%	36.0	14.0%	36.7%
California	23.4%	5.3%	33.3	10.6%	31.1%
Colorado	19.2%	3.0%	34.3	9.7%	31.9%
Connecticut	20.6%	3.3%	37.4	13.8%	37.0%
Delaware	21.5%	3.5%	36.0	13.0%	35.4%
Florida	26.1%	4.2%	38.7	17.6%	40.3%
Georgia	23.7%	4.5%	33.4	9.6%	30.9%
Hawaii	22.1%	3.6%	36.2	13.3%	36.2%
Idaho	21.0%	3.5%	33.2	11.3%	32.8%
Illinois	21.0%	3.9%	34.7	12.1%	33.6%
Indiana	22.6%	3.5%	35.2	12.4%	34.5%
Iowa	19.8%	3.2%	36.6	14.9%	37.1%
Kansas	21.3%	3.1%	35.2	13.3%	34.7%
Kentucky	28.3%	7.2%	35.9	12.5%	35.5%
Louisiana	26.4%	6.1%	34.0	11.6%	33.2%
Maine	23.4%	4.6%	38.6	14.4%	39.2%
Maryland	20.8%	3.4%	36.0	11.3%	34.4%
Massachusetts	21.5%	4.9%	36.5	13.5%	35.9%
Michigan	22.3%	4.2%	35.5	12.3%	34.7%
Minnesota	17.8%	2.9%	35.4	12.1%	33.9%
Mississippi	29.3%	7.6%	33.8	12.1%	33.5%
Missouri	22.7%	4.1%	36.1	13.5%	35.8%
Montana	21.1%	3.6%	37.5	13.4%	37.8%
Nebraska	19.4%	3.0%	35.3	13.6%	35.1%
Nevada	24.7%	3.0%	35.0	11.0%	34.0%
New Hampshire	19.7%	3.0%	37.1	12.0%	35.8%
New Jersey	21.2%	3.5%	36.7	13.2%	35.9%
New Mexico	25.1%	4.9%	34.6	11.7%	33.9%
New York	24.4%	5.5%	35.9	12.9%	35.2%
North Carolina	25.0%	4.2%	35.3	12.0%	34.5%
North Dakota	20.1%	3.0%	36.2	14.7%	36.3%
Ohio	21.8%	4.2%	36.2	13.3%	36.0%

<i>State</i>	<i>Self-Identified Disabled Over 21</i>	<i>Population Receiving SSI</i>	<i>Median Age</i>	<i>Population Over 65</i>	<i>Population Over 45</i>
Oklahoma	26.2%	4.5%	35.5	13.2%	35.5%
Oregon	22.1%	3.5%	36.3	12.8%	36.5%
Pennsylvania	22.1%	4.3%	38.0	15.6%	38.7%
Rhode Island	23.7%	5.2%	36.7	14.5%	36.5%
South Carolina	26.6%	4.7%	35.4	12.1%	35.1%
South Dakota	20.4%	3.4%	35.6	14.3%	35.5%
Tennessee	26.3%	5.2%	35.9	12.4%	35.6%
Texas	23.5%	3.9%	32.3	9.9%	30.1%
Utah	18.7%	2.8%	27.1	8.5%	25.5%
Vermont	20.0%	4.1%	37.7	12.7%	37.5%
Virginia	21.3%	3.5%	35.7	11.2%	34.2%
Washington	21.7%	3.7%	35.3	11.2%	34.0%
West Virginia	28.9%	6.9%	38.9	15.3%	40.5%
Wisconsin	18.8%	3.4%	36.0	13.1%	35.3%
Wyoming	20.5%	2.8%	36.2	11.7%	35.7%

Source: USCB, QT-P21: Disability Status by Sex.

Source: USCB, P63: Supplemental Security Income in 1999 for Households.

Source: USCB, GCT-P5: Age and Sex (Washington DC, USCB, 2001).

Table A5: Veteran Population - Veteran, Military Retiree, and Active Duty Populations

<i>State</i>	<i>Percent Total Population Veterans</i>	<i>Percent Total Population Military Retiree</i>	<i>Percent Veteran Population Military Retiree</i>	<i>Percent Total Population Active Military</i>
Alabama	9.7%	1.1%	11.4%	0.3%
Alaska	10.7%	1.3%	12.3%	2.7%
Arizona	11.0%	1.0%	8.8%	0.4%
Arkansas	10.3%	0.9%	8.9%	0.2%
California	6.9%	0.6%	8.3%	0.4%
Colorado	10.1%	1.1%	10.5%	0.6%
Connecticut	8.2%	0.3%	3.8%	0.2%
Delaware	10.4%	0.9%	8.6%	0.5%
Florida	11.4%	1.1%	9.9%	0.4%
Georgia	9.1%	1.0%	10.5%	0.8%
Hawaii	9.5%	1.2%	12.6%	3.2%
Idaho	10.5%	0.8%	7.9%	0.4%
Illinois	7.4%	0.3%	3.5%	0.2%
Indiana	9.1%	0.4%	3.9%	0.0%
Iowa	9.5%	0.3%	3.7%	0.1%
Kansas	9.4%	0.7%	7.6%	0.6%
Kentucky	9.1%	0.6%	6.5%	0.5%
Louisiana	8.4%	0.6%	7.1%	0.4%
Maine	11.4%	0.9%	7.7%	0.3%
Maryland	9.1%	0.9%	9.4%	0.6%
Massachusetts	8.0%	0.3%	4.0%	0.1%
Michigan	8.5%	0.3%	3.0%	0.0%
Minnesota	8.9%	0.3%	3.5%	0.1%
Mississippi	8.6%	0.9%	10.1%	0.5%
Missouri	10.0%	0.6%	6.0%	0.3%
Montana	11.6%	0.8%	6.9%	0.4%
Nebraska	9.6%	0.7%	7.6%	0.5%
Nevada	12.1%	1.3%	10.6%	0.4%
New Hampshire	10.6%	0.8%	7.2%	0.1%
New Jersey	7.3%	0.3%	3.5%	0.1%
New Mexico	10.2%	1.1%	11.0%	0.6%
New York	6.4%	0.2%	3.0%	0.1%
North Carolina	9.6%	0.9%	9.4%	1.1%
North Dakota	9.0%	0.6%	6.6%	1.1%

<i>State</i>	<i>Percent Total Population Veterans</i>	<i>Percent Total Population Military Retiree</i>	<i>Percent Veteran Population Military Retiree</i>	<i>Percent Total Population Active Military</i>
Ohio	9.4%	0.4%	3.9%	0.1%
Oklahoma	10.5%	1.0%	9.1%	0.7%
Oregon	10.8%	0.6%	5.6%	0.1%
Pennsylvania	9.6%	0.4%	3.9%	0.1%
Rhode Island	9.0%	0.5%	6.1%	0.4%
South Carolina	10.3%	1.2%	12.1%	0.9%
South Dakota	10.2%	0.7%	7.3%	0.4%
Tennessee	9.6%	0.8%	8.1%	0.3%
Texas	8.1%	0.8%	10.4%	0.5%
Utah	7.1%	0.5%	7.5%	0.2%
Vermont	9.8%	0.6%	5.7%	0.1%
Virginia	10.7%	1.8%	16.6%	1.8%
Washington	10.9%	1.1%	10.5%	0.8%
West Virginia	10.6%	0.5%	5.1%	0.1%
Wisconsin	9.1%	0.3%	3.5%	0.1%
Wyoming	11.5%	0.9%	7.5%	0.7%

Source: USCB, Census 2000 Ranking Tables for States: 1990 and 2000.

Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: DOD, DoD Statistical Report on the Military Retirement System - FY2001, 20.

Source: USCB, P39: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over.

Table A6: Veteran Population - Age and Period of Service

State	Median Age	Percent Veterans for Each Period						
		WWII	Peace	Korean	Peace	Vietnam	Peace	Persian Gulf
		1941-1946	1946-1950	1950-1955	1955-1964	1964-1975	1975-1990	1990-
Alabama	51.0	15.8%	0.9%	15.2%	10.2%	33.1%	14.0%	17.2%
Alaska	48.6	7.1%	0.5%	7.7%	8.0%	40.6%	20.0%	21.6%
Arizona	52.3	20.0%	0.7%	16.3%	10.2%	31.7%	13.7%	14.0%
Arkansas	51.8	17.8%	0.9%	14.4%	11.0%	32.5%	13.7%	15.3%
California	52.7	19.8%	0.8%	15.3%	10.8%	33.4%	13.6%	12.0%
Colorado	50.4	13.9%	0.6%	12.6%	9.2%	36.2%	15.5%	18.0%
Connecticut	54.1	23.4%	0.9%	15.8%	12.5%	30.8%	11.5%	8.1%
Delaware	52.1	17.3%	0.8%	14.8%	11.0%	32.6%	15.7%	12.9%
Florida	53.4	23.8%	0.9%	16.9%	10.1%	29.2%	13.0%	13.2%
Georgia	49.8	12.2%	0.7%	11.8%	9.0%	34.2%	17.1%	20.4%
Hawaii	52.1	16.6%	1.1%	14.4%	10.2%	35.7%	13.5%	15.3%
Idaho	51.4	16.8%	0.7%	13.2%	10.4%	32.3%	12.9%	18.6%
Illinois	52.9	20.2%	0.9%	14.6%	12.0%	30.8%	11.5%	12.6%
Indiana	51.7	17.2%	0.8%	13.7%	11.4%	31.7%	15.2%	12.7%
Iowa	52.7	19.9%	0.8%	15.6%	11.2%	31.9%	11.4%	12.0%
Kansas	52.6	18.9%	0.8%	13.9%	10.3%	33.1%	12.4%	15.1%
Kentucky	52.1	16.7%	0.8%	14.1%	10.7%	33.0%	13.7%	14.9%
Louisiana	51.5	17.5%	1.0%	13.6%	10.3%	31.7%	12.9%	17.7%
Maine	51.4	17.7%	0.7%	15.1%	11.0%	33.6%	14.3%	12.2%
Maryland	51.4	16.4%	0.8%	13.2%	10.6%	32.7%	16.3%	15.3%
Massachusetts	53.9	23.5%	0.8%	16.1%	12.5%	29.7%	12.1%	8.4%
Michigan	51.9	18.7%	0.8%	13.9%	11.5%	31.8%	13.5%	12.1%
Minnesota	52.2	17.8%	0.7%	14.4%	12.3%	33.4%	13.4%	10.5%
Mississippi	51.6	16.7%	1.1%	14.9%	10.2%	31.3%	13.6%	18.3%
Missouri	52.2	18.1%	0.8%	14.8%	11.2%	32.2%	13.5%	13.3%
Montana	51.1	17.1%	0.7%	13.6%	11.1%	34.4%	12.4%	15.1%
Nebraska	51.9	17.7%	0.6%	15.4%	10.4%	32.7%	11.8%	15.6%
Nevada	51.5	15.4%	0.7%	15.4%	10.9%	35.8%	15.4%	13.4%
New Hampshire	51.2	16.8%	0.6%	14.4%	11.4%	34.3%	15.7%	11.4%
New Jersey	54.4	23.9%	0.9%	16.3%	12.8%	29.4%	11.3%	8.1%
New Mexico	51.5	16.5%	0.8%	14.5%	9.6%	35.5%	14.5%	15.3%
New York	53.4	22.6%	0.9%	15.6%	12.4%	28.8%	11.9%	10.0%
North Carolina	50.9	15.4%	0.9%	13.6%	9.7%	32.6%	15.2%	18.0%
North Dakota	52.0	17.0%	0.8%	14.1%	12.0%	33.3%	10.5%	15.3%

		<i>Percent Veterans for Each Period</i>						
		<i>WWII</i>	<i>Peace</i>	<i>Korean</i>	<i>Peace</i>	<i>Viet- nam</i>	<i>Peace</i>	<i>Persian Gulf</i>
<i>State</i>	<i>Median Age</i>	<i>1941- 1946</i>	<i>1946- 1950</i>	<i>1950 - 1955</i>	<i>1955 - 1964</i>	<i>1964 - 1975</i>	<i>1975 - 1990</i>	<i>1990 -</i>
Ohio	52.3	19.1%	0.8%	13.8%	11.2%	31.0%	14.0%	12.6%
Oklahoma	52.0	17.1%	0.8%	14.3%	10.5%	35.1%	11.9%	16.0%
Oregon	51.9	18.7%	0.7%	13.5%	11.1%	34.0%	13.5%	12.8%
Pennsylvania	53.7	23.1%	0.9%	15.5%	12.3%	29.5%	11.7%	9.9%
Rhode Island	54.4	23.7%	0.7%	16.0%	11.2%	30.9%	13.1%	8.9%
South Carolina	50.7	14.7%	0.9%	13.8%	9.9%	34.4%	14.5%	18.5%
South Dakota	51.3	17.0%	0.7%	16.1%	10.7%	31.8%	11.8%	16.2%
Tennessee	51.6	15.3%	0.9%	13.6%	10.8%	34.2%	14.4%	15.5%
Texas	51.1	15.7%	0.8%	13.2%	9.6%	34.8%	13.7%	18.3%
Utah	52.1	19.0%	0.8%	14.6%	10.4%	31.9%	12.1%	16.1%
Vermont	51.6	17.4%	0.7%	14.5%	12.6%	33.0%	14.7%	10.6%
Virginia	50.9	13.8%	0.7%	12.8%	8.6%	36.1%	15.5%	21.2%
Washington	51.3	15.4%	0.7%	12.7%	10.0%	36.3%	15.4%	15.8%
West Virginia	52.5	18.6%	0.9%	15.1%	11.8%	33.1%	11.1%	12.9%
Wisconsin	52.1	18.4%	0.8%	14.3%	13.0%	31.0%	13.3%	11.6%
Wyoming	51.4	15.3%	0.5%	13.0%	11.0%	35.8%	11.0%	18.1%

Source: USDVA, VetPop 2001, Table 1L.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

Table A7: Veteran Population - Race

<i>State</i>	<i>Percent Veterans African- American</i>	<i>Percent Veterans Hispanic</i>	<i>Percent Veterans Native American</i>	<i>Percent Veterans White</i>
Alabama	19.5%	0.5%	0.2%	80.6%
Alaska	6.2%	2.7%	9.8%	88.7%
Arizona	3.1%	7.1%	2.0%	86.1%
Arkansas	9.8%	0.7%	0.5%	84.6%
California	8.4%	11.7%	1.3%	85.1%
Colorado	4.5%	10.2%	1.9%	92.1%
Connecticut	4.0%	3.6%	0.0%	98.7%
Delaware	14.5%	1.0%	0.0%	81.1%
Florida	6.7%	4.5%	0.2%	87.4%
Georgia	22.7%	1.2%	0.1%	68.9%
Hawaii	4.9%	4.4%	0.9%	39.6%
Idaho	0.0%	2.7%	0.8%	90.5%
Illinois	11.3%	2.8%	0.4%	91.6%
Indiana	7.5%	1.1%	0.2%	86.9%
Iowa	1.4%	1.0%	0.4%	99.2%
Kansas	5.9%	4.5%	0.9%	95.7%
Kentucky	7.2%	0.7%	0.4%	92.4%
Louisiana	20.3%	2.0%	0.8%	76.7%
Maine	0.0%	0.3%	0.2%	96.3%
Maryland	24.8%	1.6%	0.3%	77.2%
Massachusetts	3.4%	1.4%	0.2%	94.6%
Michigan	9.5%	1.3%	0.4%	89.2%
Minnesota	2.0%	1.1%	1.6%	94.6%
Mississippi	18.9%	0.8%	0.2%	78.1%
Missouri	7.3%	0.9%	0.6%	90.0%
Montana	0.0%	0.3%	3.7%	92.5%
Nebraska	3.3%	1.4%	0.2%	92.6%
Nevada	5.8%	5.2%	0.9%	80.9%
New Hampshire	0.6%	1.0%	0.0%	99.8%
New Jersey	10.8%	4.1%	0.3%	89.7%
New Mexico	1.8%	27.9%	5.1%	80.1%
New York	10.2%	4.9%	0.2%	89.4%
North Carolina	16.0%	1.0%	0.6%	74.9%
North Dakota	1.9%	0.5%	2.9%	97.4%
Ohio	9.6%	1.2%	0.2%	92.4%

<i>State</i>	<i>Percent Veterans African- American</i>	<i>Percent Veterans Hispanic</i>	<i>Percent Veterans Native American</i>	<i>Percent Veterans White</i>
Oklahoma	5.8%	2.1%	4.4%	86.8%
Oregon	1.2%	1.8%	1.1%	88.6%
Pennsylvania	7.0%	1.5%	0.2%	95.4%
Rhode Island	2.3%	1.2%	0.8%	100.0%
South Carolina	21.7%	0.8%	0.4%	76.4%
South Dakota	0.8%	0.7%	1.6%	93.7%
Tennessee	11.9%	0.7%	0.2%	85.4%
Texas	10.1%	13.7%	0.5%	83.4%
Utah	0.6%	4.8%	0.9%	94.3%
Vermont	0.0%	0.0%	0.0%	97.5%
Virginia	16.6%	1.3%	0.2%	80.8%
Washington	4.4%	3.0%	0.9%	91.1%
West Virginia	2.6%	0.3%	0.1%	91.7%
Wisconsin	4.0%	0.7%	0.6%	96.5%
Wyoming	0.0%	2.6%	0.7%	82.4%

Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P056: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over.

Table A8: Veteran Population - VSO Membership

<i>State</i>	<i>Percentage Veterans American Legion Members</i>	<i>Veterans Per American Legion Post</i>	<i>Percentage Veterans VFW Members</i>	<i>Veterans per VFW Post</i>	<i>Percentage Veterans DAV Members</i>
Alabama	5.7%	1,986	4.8%	3,562	4.9%
Alaska	12.4%	1,915	10.0%	3,351	4.8%
Arizona	7.6%	5,021	4.3%	6,540	4.3%
Arkansas	7.3%	1,230	7.3%	2,110	6.1%
California	5.8%	4,038	4.4%	5,111	5.0%
Colorado	5.7%	2,642	5.2%	3,234	5.4%
Connecticut	10.7%	1,750	8.9%	1,892	4.5%
Delaware	12.7%	2,710	8.6%	2,622	4.0%
Florida	7.0%	5,827	4.2%	7,688	4.5%
Georgia	6.5%	2,948	3.2%	5,524	3.5%
Hawaii	2.9%	4,099	3.1%	3,958	5.5%
Idaho	8.5%	1,338	6.2%	2,100	4.6%
Illinois	14.6%	1,055	8.9%	2,364	3.0%
Indiana	22.4%	1,338	9.7%	2,748	3.9%
Iowa	25.1%	438	9.7%	1,456	3.6%
Kansas	18.6%	751	13.4%	1,422	4.0%
Kentucky	8.3%	2,025	5.8%	2,932	7.1%
Louisiana	9.5%	1,411	5.5%	2,633	3.7%
Maine	17.9%	856	9.3%	1,752	6.2%
Maryland	15.9%	3,046	6.2%	4,212	4.0%
Massachusetts	12.2%	1,401	8.1%	2,133	8.7%
Michigan	10.8%	1,819	8.2%	2,268	4.7%
Minnesota	25.9%	757	14.6%	1,530	4.4%
Mississippi	7.4%	1,149	6.6%	1,903	4.3%
Missouri	10.6%	1,307	7.9%	2,113	4.2%
Montana	11.5%	784	9.4%	1,167	5.1%
Nebraska	32.1%	451	16.8%	855	4.9%
Nevada	3.4%	5,034	2.8%	5,893	3.1%
New Hampshire	19.1%	1,270	8.0%	2,110	5.5%
New Jersey	12.3%	1,705	8.9%	1,896	4.8%
New Mexico	7.2%	2,058	6.7%	3,431	7.0%
New York	14.9%	1,151	7.3%	2,079	6.2%
North Carolina	5.8%	2,293	3.9%	3,529	5.3%
North Dakota	39.1%	253	18.9%	830	8.2%

<i>State</i>	<i>Percentage Veterans American Legion Members</i>	<i>Veterans Per American Legion Post</i>	<i>Percentage Veterans VFW Members</i>	<i>Veterans per VFW Post</i>	<i>Percentage Veterans DAV Members</i>
Ohio	13.9%	1,751	9.2%	2,336	4.7%
Oklahoma	8.0%	1,262	6.1%	2,541	6.5%
Oregon	7.0%	2,871	4.7%	3,220	3.3%
Pennsylvania	20.0%	1,431	11.1%	2,014	4.5%
Rhode Island	9.8%	1,565	7.7%	2,087	7.1%
South Carolina	6.6%	2,122	4.3%	3,549	4.1%
South Dakota	34.3%	299	18.0%	1,067	6.7%
Tennessee	6.1%	2,644	4.6%	4,190	3.8%
Texas	5.2%	3,174	5.5%	3,816	4.6%
Utah	6.1%	1,630	2.8%	4,161	4.3%
Vermont	28.7%	836	13.7%	1,562	5.8%
Virginia	7.2%	3,297	4.5%	3,995	4.4%
Washington	5.8%	3,639	5.1%	4,417	4.1%
West Virginia	14.0%	1,765	11.5%	1,590	6.4%
Wisconsin	15.2%	923	8.8%	1,479	4.2%
Wyoming	13.9%	903	12.2%	1,094	4.7%

Source: Billy R. Johnson, "FW: 04 Legion Goals," Email to Clayton Clark, October 6, 2003.

Source: Jim Rowoldt, "VFW Membership," fax to Clayton Clark, October 6, 2003.

Source: Disabled American Veterans, DAV Population Summary: State Report, 1.

Table A9: USDVA - Healthcare Enrollment, Healthcare Spending, and Veterans Per Facility

<i>State</i>	<i>Percent Veterans Enrolled in VA Healthcare</i>	<i>Healthcare Spending per Veteran</i>	<i>Veterans per Hospital</i>	<i>Veterans per Healthcare Facility</i>	<i>Veterans per Benefits Office</i>
Alabama	16.9%	\$943	107,762	35,921	431,049
Alaska	16.9%	\$1,215	67,016	22,339	67,016
Arizona	14.5%	\$785	562,405	40,172	562,405
Arkansas	23.1%	\$1,324	91,424	68,568	274,272
California	12.1%	\$919	211,421	38,125	775,211
Colorado	10.6%	\$1,010	433,291	36,108	433,291
Connecticut	14.1%	\$824	140,018	35,005	280,037
Delaware	13.2%	\$861	81,288	40,644	81,288
Florida	17.0%	\$755	304,960	39,777	1,829,761
Georgia	13.1%	\$724	248,579	57,364	745,737
Hawaii	12.1%	\$767	114,778	19,130	114,778
Idaho	15.8%	\$570	136,482	68,241	136,482
Illinois	14.6%	\$908	153,681	34,151	922,087
Indiana	14.1%	\$533	185,058	39,655	555,173
Iowa	16.9%	\$926	92,187	30,729	276,560
Kansas	17.3%	\$861	84,394	23,016	253,181
Kentucky	18.2%	\$737	183,237	122,158	366,475
Louisiana	18.4%	\$1,026	124,641	62,321	373,924
Maine	18.0%	\$778	145,440	24,240	145,440
Maryland	12.4%	\$675	242,162	44,029	484,323
Massachusetts	13.2%	\$1,064	101,974	23,176	509,868
Michigan	9.7%	\$643	169,167	40,278	845,833
Minnesota	19.9%	\$872	219,565	17,565	439,131
Mississippi	21.9%	\$1,446	121,802	121,802	243,604
Missouri	15.6%	\$993	140,512	35,128	562,046
Montana	19.1%	\$697	105,026	9,548	105,026
Nebraska	19.6%	\$1,104	82,520	18,338	165,039
Nevada	16.3%	\$780	120,806	40,269	241,612
New Hampshire	15.6%	\$489	130,824	21,804	130,824
New Jersey	11.4%	\$478	305,249	38,156	610,499
New Mexico	20.5%	\$1,158	185,254	13,232	185,254

<i>State</i>	<i>Percent Veterans Enrolled in VA Healthcare</i>	<i>Healthcare Spending per Veteran</i>	<i>Veterans per Hospital</i>	<i>Veterans per Healthcare Facility</i>	<i>Veterans per Benefits Office</i>
New York	19.1%	\$1,225	100,992	18,088	605,955
North Carolina	13.1%	\$645	193,203	154,563	772,814
North Dakota	23.3%	\$1,243	58,087	14,522	58,087
Ohio	12.8%	\$928	265,726	37,961	1,062,906
Oklahoma	17.4%	\$817	180,398	180,398	360,795
Oregon	14.1%	\$1,054	185,172	61,724	370,344
Pennsylvania	14.9%	\$837	118,031	25,659	590,155
Rhode Island	16.6%	\$1,001	93,894	46,947	93,894
South Carolina	16.7%	\$739	205,825	41,165	411,650
South Dakota	29.6%	\$2,063	25,600	6,982	76,799
Tennessee	14.5%	\$1,148	136,174	77,814	544,695
Texas	16.1%	\$902	279,843	69,961	1,679,056
Utah	13.4%	\$1,010	158,132	17,570	158,132
Vermont	19.9%	\$1,362	59,373	14,843	59,373
Virginia	11.2%	\$613	251,696	125,848	755,089
Washington	10.6%	\$690	213,507	80,065	640,520
West Virginia	25.2%	\$1,729	48,087	21,372	192,348
Wisconsin	13.4%	\$867	162,195	25,610	486,585
Wyoming	23.8%	\$1,411	28,440	7,110	56,880

Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: NASDVA, VA Healthcare Enrollment, 1.

Source: Geographic Distribution of Veterans Affairs Expenditures for Fiscal Year 2001.

Source: Department of Veterans Affairs Facility Directory, USDVA, 1 October 2003,
<<http://www1.va.gov/directory/guide/home.asp?isFlash=1>>.

Table A10: USDVA - Claims Approval, Knowledge of Benefits, and Respectful Treatment.

<i>State</i>	<i>Percent Veterans Claims Approved</i>	<i>Percent Veterans with a Good Understanding of Their Benefits</i>	<i>Percent Veterans who Believe the USDVA Treated them with Respect</i>
Alabama	55.6%	54.6%	73.1%
Alaska	60.2%	57.3%	70.4%
Arizona	59.6%	55.6%	70.1%
Arkansas	63.9%	54.0%	70.1%
California	60.3%	62.1%	68.5%
Colorado	60.5%	60.6%	69.0%
Connecticut	53.9%	59.8%	65.0%
Delaware	36.0%	60.0%	65.0%
Florida	59.8%	54.0%	65.3%
Georgia	61.7%	61.9%	63.2%
Hawaii	57.2%	64.1%	73.6%
Idaho	58.4%	56.0%	69.2%
Illinois	58.3%	54.0%	67.2%
Indiana	63.2%	57.7%	68.1%
Iowa	62.6%	53.6%	75.0%
Kansas	61.2%	61.5%	73.0%
Kentucky	58.7%	50.6%	68.3%
Louisiana	55.5%	57.8%	68.7%
Maine	63.7%	60.3%	74.1%
Maryland	63.9%	64.0%	72.6%
Massachusetts	60.8%	59.9%	77.7%
Michigan	58.1%	58.0%	69.3%
Minnesota	63.4%	60.5%	79.4%
Mississippi	56.9%	52.3%	66.7%
Missouri	58.3%	50.9%	71.2%
Montana	63.9%	51.5%	75.2%
Nebraska	62.5%	58.8%	76.7%
Nevada	50.0%	58.8%	70.4%
New Hampshire	54.5%	57.4%	80.1%
New Jersey	54.3%	56.9%	64.0%
New Mexico	66.4%	60.6%	72.4%
New York	56.6%	55.0%	71.7%
North Carolina	59.7%	56.8%	70.4%

<i>State</i>	<i>Percent Veterans Claims Approved</i>	<i>Percent Veterans with a Good Understanding of Their Benefits</i>	<i>Percent Veterans who Believe the USDVA Treated them with Respect</i>
North Dakota	67.7%	55.9%	77.4%
Ohio	59.2%	56.3%	70.6%
Oklahoma	56.1%	56.2%	68.9%
Oregon	60.8%	55.6%	69.0%
Pennsylvania	58.5%	56.9%	74.5%
Rhode Island	63.8%	56.3%	71.1%
South Carolina	63.6%	59.1%	70.7%
South Dakota	71.5%	60.2%	76.5%
Tennessee	56.5%	54.1%	66.6%
Texas	59.9%	56.7%	70.9%
Utah	61.8%	61.6%	74.1%
Vermont	57.6%	56.3%	73.3%
Virginia	56.7%	59.6%	68.1%
Washington	65.1%	63.3%	74.7%
West Virginia	61.7%	53.3%	73.7%
Wisconsin	60.1%	56.4%	74.0%
Wyoming	38.3%	50.0%	69.9%

Source: USDVA, Survey of Veterans' Satisfaction with the VA Compensation and Pension Claims Process, A47, A58, A53.

Table A11: Claims Assistance - Service Officer Assistance

<i>State</i>	<i>Veterans Per Service Officer</i>	<i>Veterans per State Service Officer</i>	<i>Veterans Per State and County Service Officer</i>	<i>Veterans per VSO Service Officer</i>	<i>Percent Veterans Receiving State or County Assistance</i>	<i>Percent Veterans Receiving VSO Assistance</i>
Alabama	6,434	71,841	7,184	61,578	70.6%	34.4%
Alaska	5,585	67,016	67,016	5,585	17.7%	53.1%
Arizona	11,248	37,494	14,421	51,128	30.3%	42.7%
Arkansas	3,014	30,475	3,265	39,182	48.0%	44.4%
California	24,225	155,042	35,779	75,020	43.0%	41.1%
Colorado	5,555	108,323	6,467	39,390	36.7%	39.5%
Connecticut	25,458	40,005	40,005	70,009	37.5%	30.6%
Delaware	8,129	40,644	40,644	10,161	26.3%	39.1%
Florida	12,038	32,101	14,756	65,349	51.9%	39.2%
Georgia	7,457	8,106	8,106	93,217	50.9%	28.8%
Hawaii	11,478	57,389	19,130	28,695	24.7%	23.6%
Idaho	2,394	27,296	3,102	10,499	42.3%	45.4%
Illinois	8,618	9,130	9,130	153,681	40.1%	41.2%
Indiana	5,338	555,173	6,101	42,706	41.7%	43.9%
Iowa	2,634	276,560	2,794	46,093	40.6%	39.6%
Kansas	12,659	18,084	18,084	42,197	32.6%	54.3%
Kentucky	33,316	122,158	122,158	45,809	31.7%	43.4%
Louisiana	6,130	53,418	6,799	62,321	55.8%	36.5%
Maine	13,222	20,777	20,777	36,360	31.4%	41.4%
Maryland	26,907	69,189	69,189	44,029	21.3%	24.6%
Massachusetts	56,652	169,956	169,956	84,978	34.5%	45.3%
Michigan	6,174	845,833	14,097	10,985	41.5%	59.1%
Minnesota	4,348	87,826	4,773	48,792	67.6%	47.1%
Mississippi	2,538	22,146	2,619	81,201	50.9%	30.2%
Missouri	14,411	80,292	80,292	17,564	39.8%	46.4%
Montana	5,528	6,564	6,564	35,009	42.7%	35.2%
Nebraska	1,775	41,260	1,919	23,577	64.1%	39.1%
Nevada	20,134	48,322	48,322	34,516	26.7%	33.1%
New Hampshire	16,353	32,706	32,706	32,706	25.1%	34.1%
New Jersey	15,654	43,607	21,804	55,500	36.6%	42.2%
New Mexico	8,822	10,897	10,897	46,314	34.2%	48.7%
New York	8,416	19,867	10,918	36,725	50.0%	39.5%
North Carolina	6,133	28,623	6,662	77,281	63.3%	33.1%

<i>State</i>	<i>Veterans Per Service Officer</i>	<i>Veterans per State Service Officer</i>	<i>Veterans Per State and County Service Officer</i>	<i>Veterans per VSO Service Officer</i>	<i>Percent Veterans Receiving State or County Assistance</i>	<i>Percent Veterans Receiving VSO Assistance</i>
North Dakota	968	58,087	1,056	11,617	70.9%	48.8%
Ohio	9,008	1,062,906	12,078	35,430	48.6%	39.9%
Oklahoma	10,933	15,033	15,033	40,088	41.6%	47.6%
Oregon	5,005	24,690	5,787	37,034	56.2%	35.9%
Pennsylvania	13,262	295,078	16,624	65,573	35.4%	37.9%
Rhode Island	23,473	93,894	93,894	23,473	29.1%	40.8%
South Carolina	6,054	34,304	7,097	41,165	56.2%	38.8%
South Dakota	925	6,400	948	38,399	61.3%	49.2%
Tennessee	5,139	18,156	5,447	90,782	54.4%	38.1%
Texas	5,399	31,094	5,790	79,955	40.2%	34.5%
Utah	26,355	52,711	52,711	52,711	17.0%	37.6%
Vermont	11,875	59,373	59,373	11,875	22.2%	51.6%
Virginia	41,949	53,935	53,935	188,772	41.9%	28.0%
Washington	8,896	27,849	27,849	13,072	24.4%	50.0%
West Virginia	4,932	5,343	5,343	64,116	52.1%	33.9%
Wisconsin	5,529	48,659	5,934	81,098	59.1%	36.5%
Wyoming	28,440	56,880	56,880	28,440	20.0%	44.5%

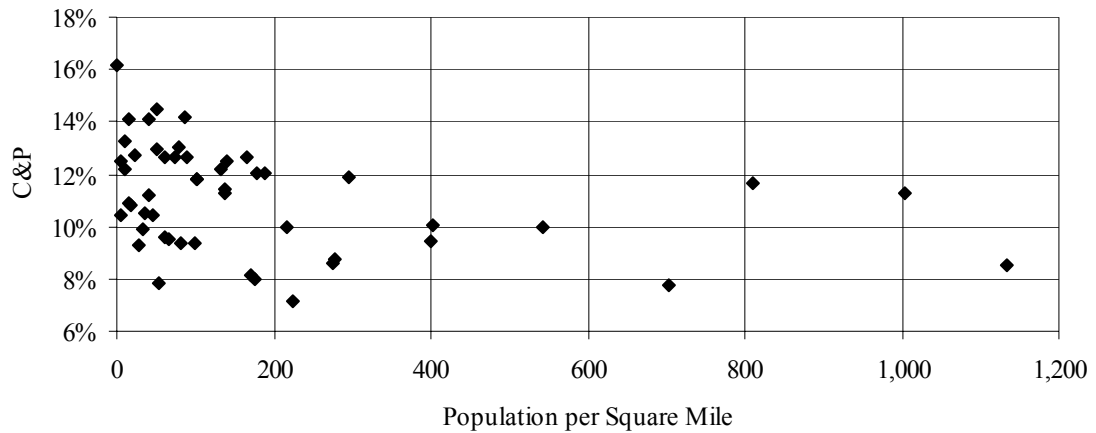
Source: NASDVA, Service Officer Survey, 1.

Source: USDVA, Survey of Veterans' Satisfaction with the VA Compensation and Pension Claims Process, A45, A46.

Appendix B:

Scatter Diagrams for State Factors with Significant Relationships

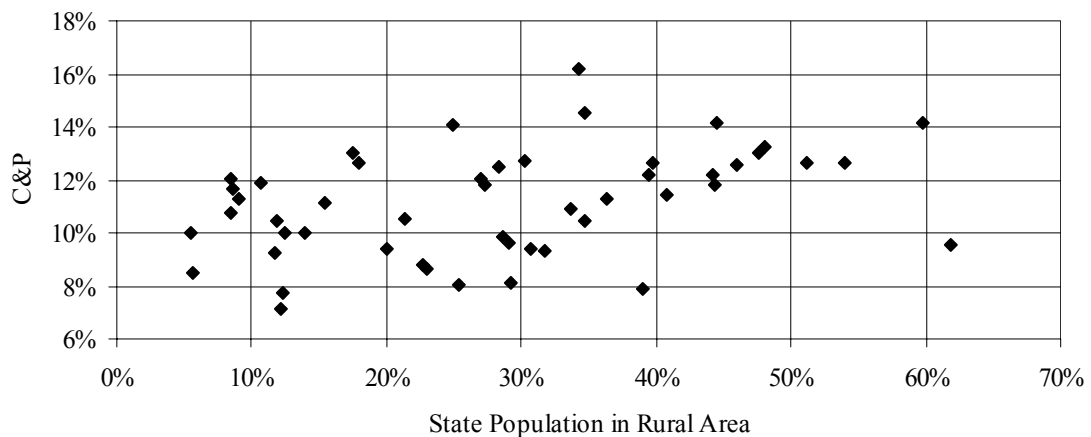
Figure B1: Population Density and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-PH1-R. Population, Housing Units, Area, and Density: 2000, 1.

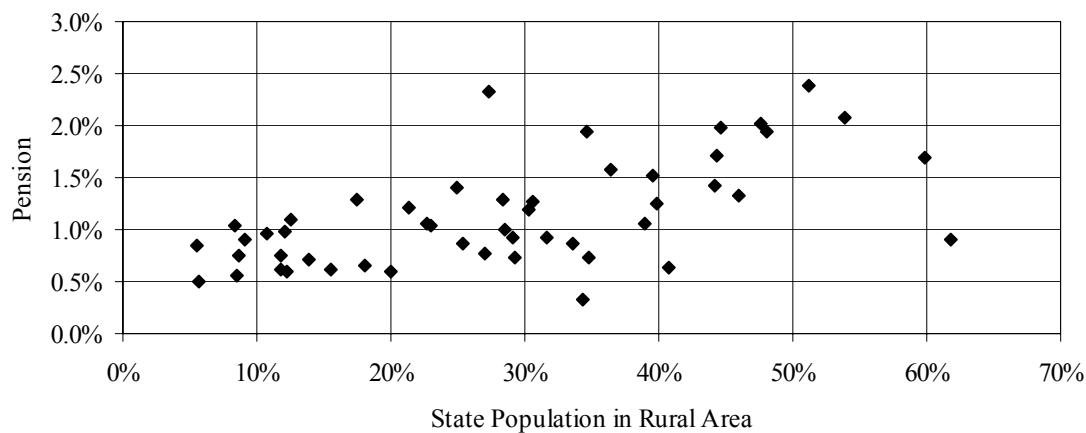
Figure B2: Rural Population and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P5. Urban and Rural, 1.

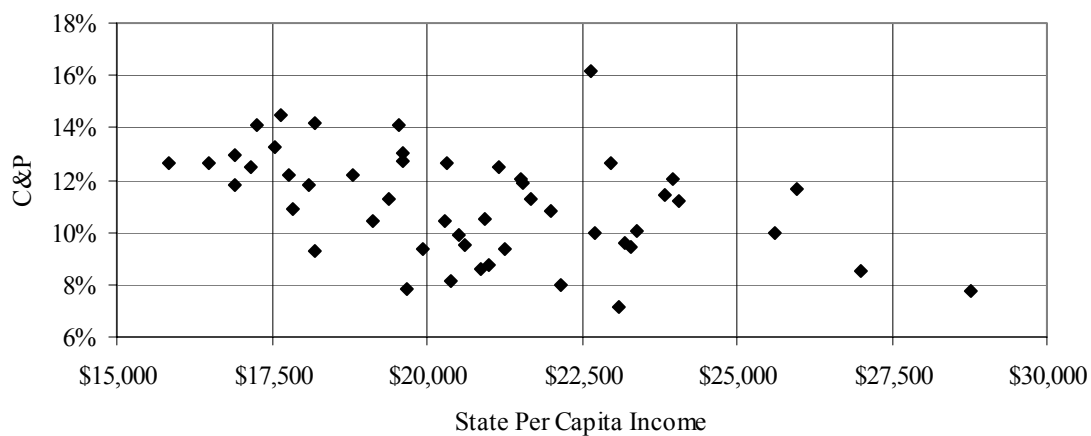
Figure B3: Rural Population and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P5. Urban and Rural, 1.

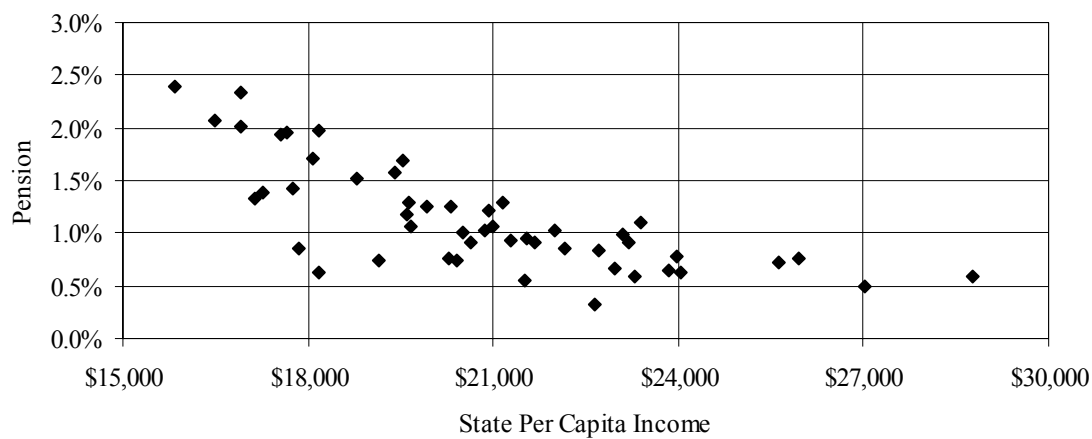
Figure B4: Per Capita Income and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-P14: Income and Poverty in 1999.

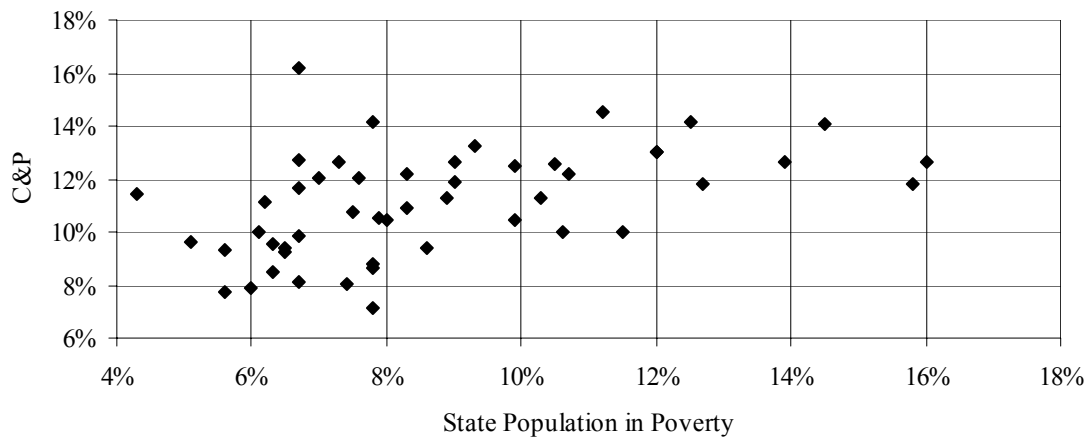
Figure B5: Per Capita Income and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-P14: Income and Poverty in 1999.

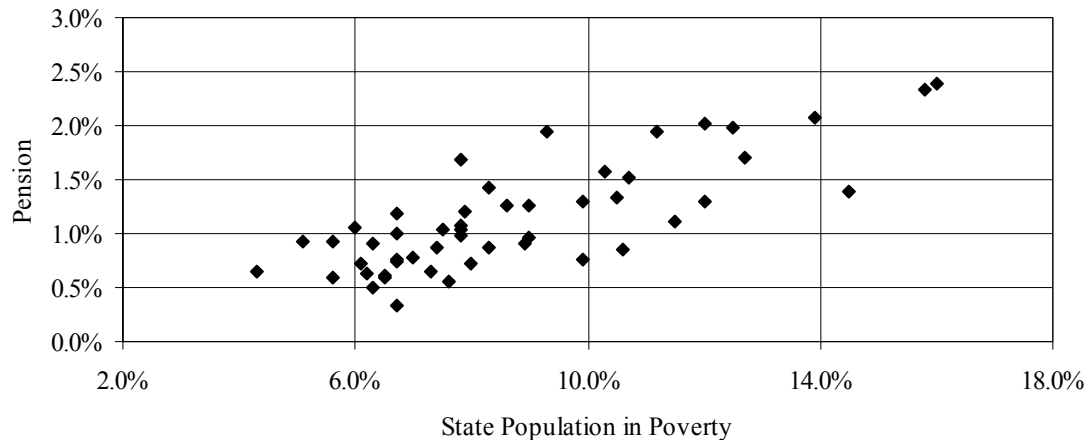
Figure B6: Poverty and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-P14: Income and Poverty in 1999.

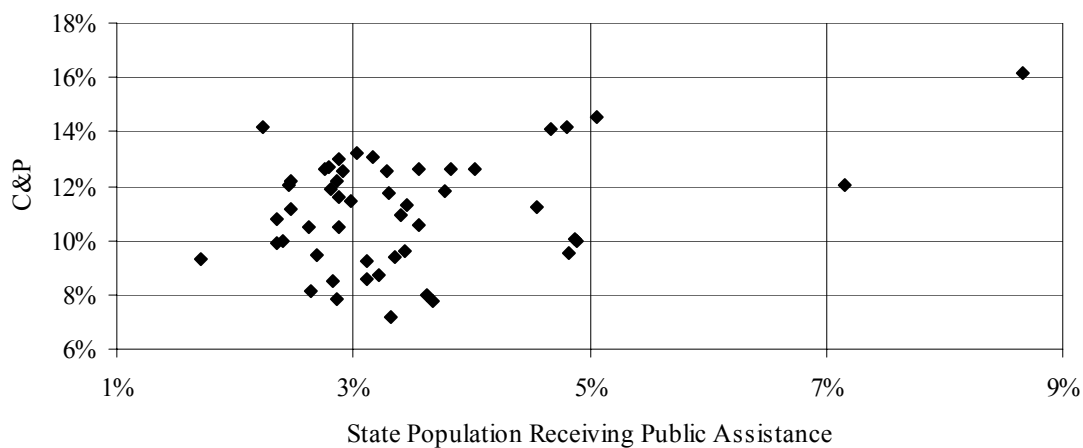
Figure B7: Poverty and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-P14: Income and Poverty in 1999.

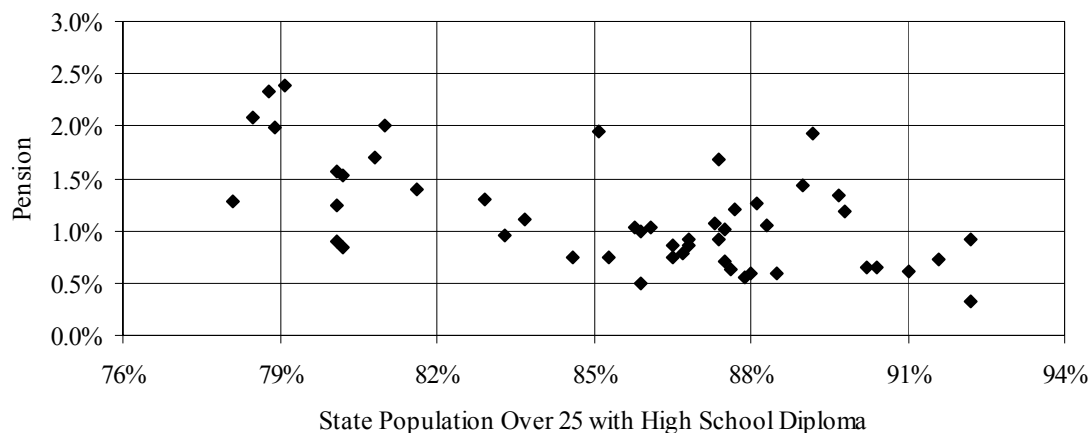
Figure B8: Public Assistance and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P64. Public Assistance Income in 1999 for Households.

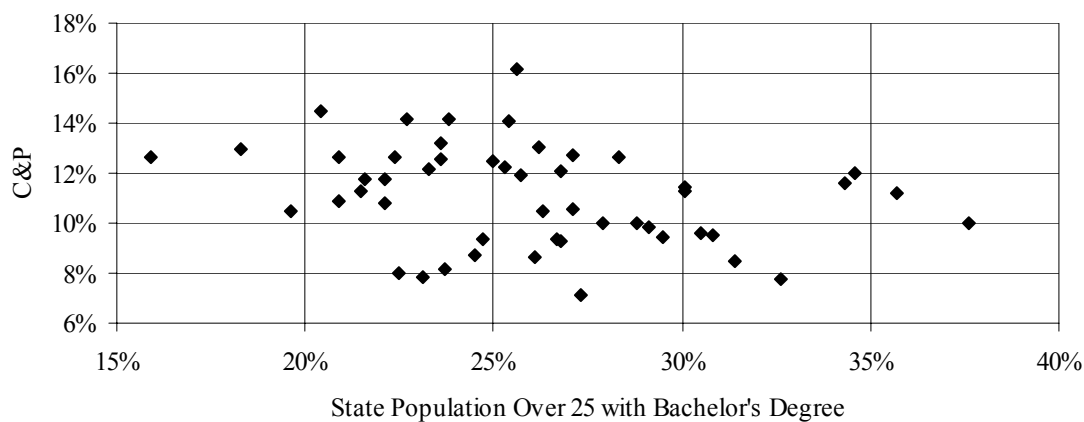
Figure B9: High School Graduate and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, PPL-169: Educational Attainment in the US, Table 13.

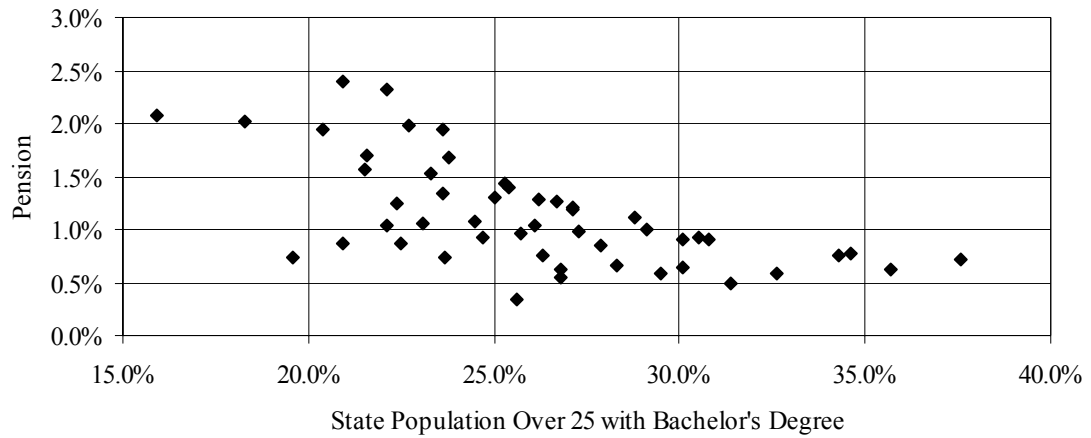
Figure B10: Bachelor's Degree and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, PPL-169: Educational Attainment in the US, Table 13.

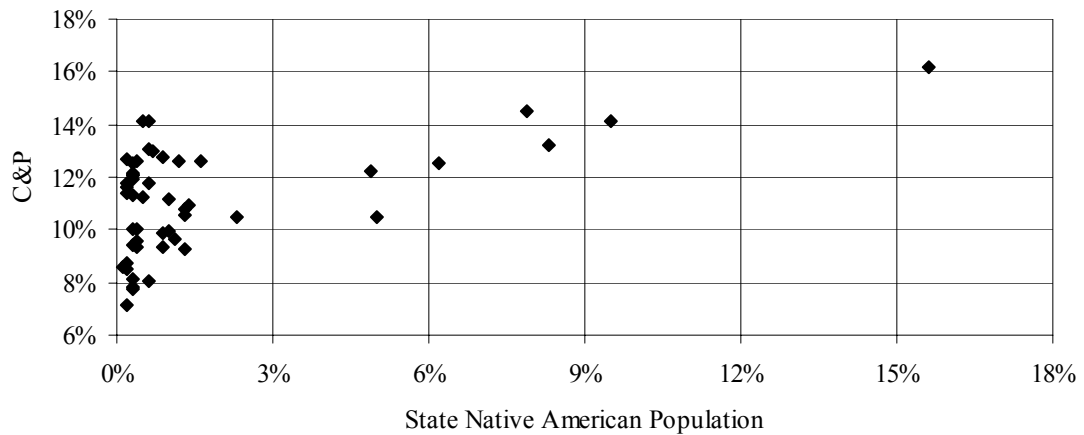
Figure B11: Bachelor's Degree and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, PPL-169: Educational Attainment in the US, Table 13.

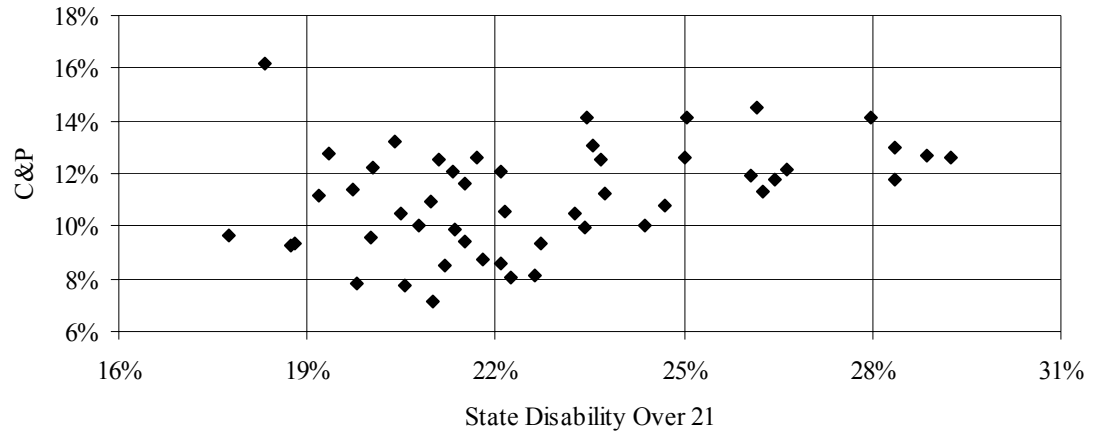
Figure B12: Native American Population and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-P6: Race and Hispanic or Latino.

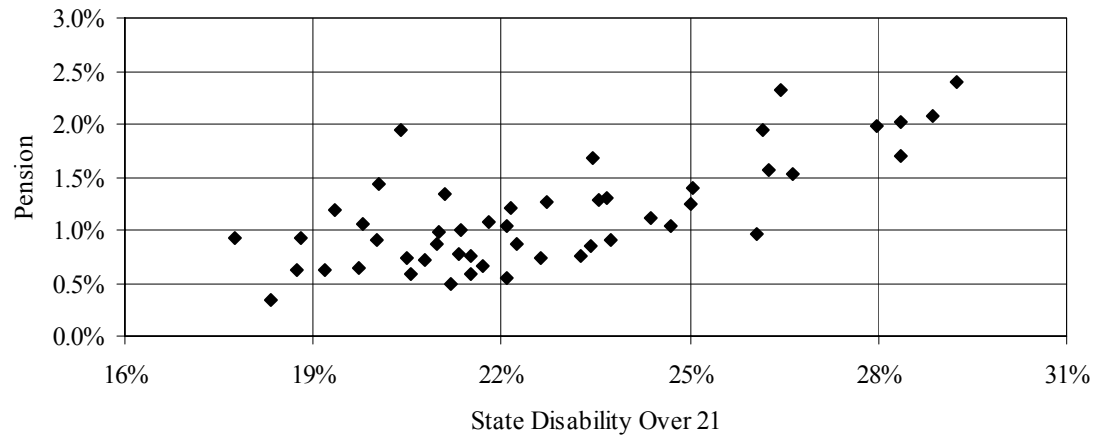
Figure B13: Adult Disability and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, QT-P21: Disability Status by Sex.

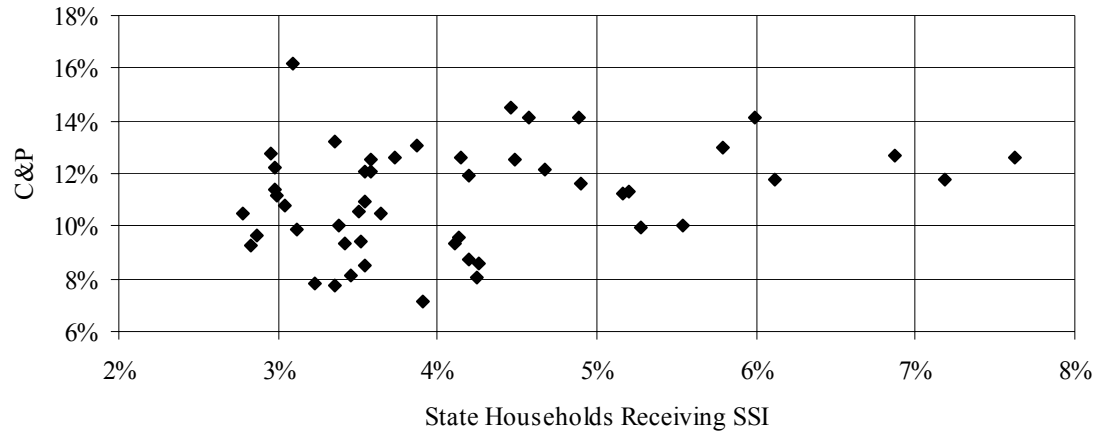
Figure B14: Adult Disability and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, QT-P21: Disability Status by Sex.

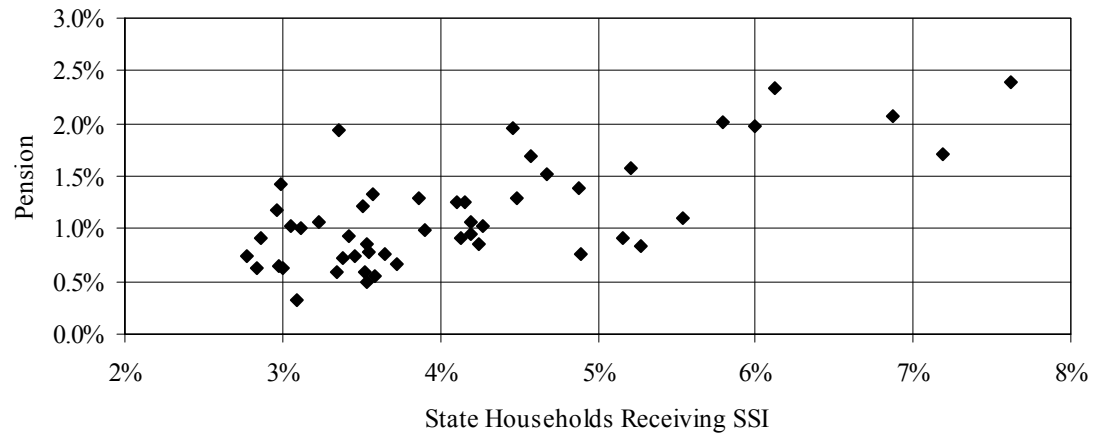
Figure B15: Supplemental Security Income and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P63: Supplemental Security Income in 1999 for Households.

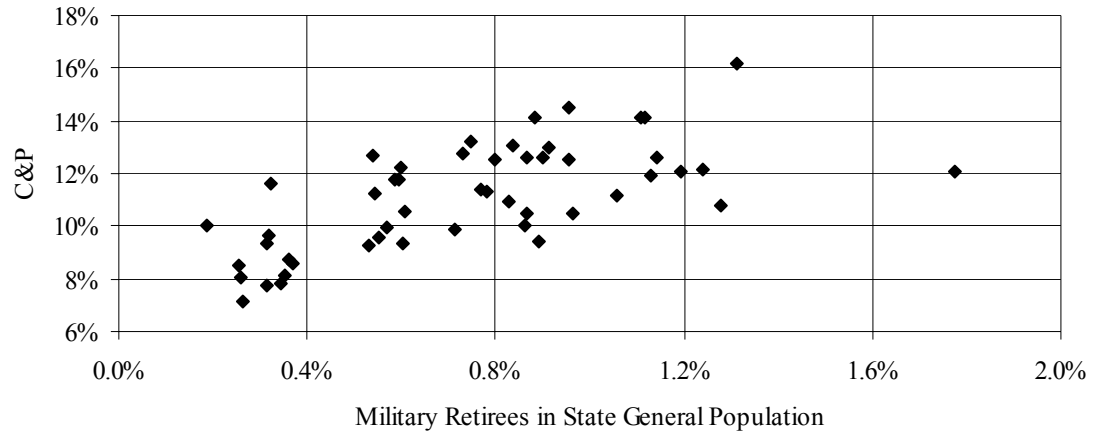
Figure B16: Supplemental Security Income and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P63: Supplemental Security Income in 1999 for Households.

Figure B17: Military Retirees as Percentage of Total Population and C&P

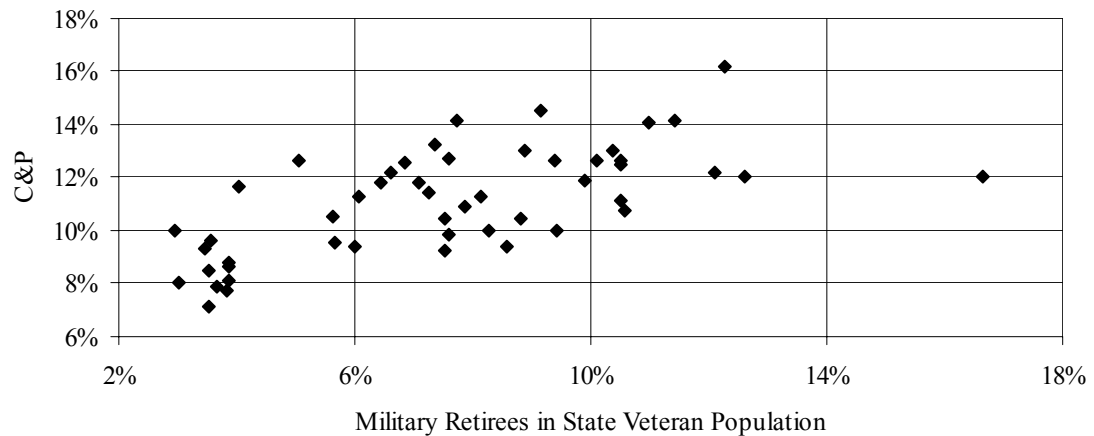


Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: DOD, DoD Statistical Report on the Military Retirement System - FY2001, 20.

Source: USCB, Census 2000 Ranking Tables for States: 1990 and 2000.

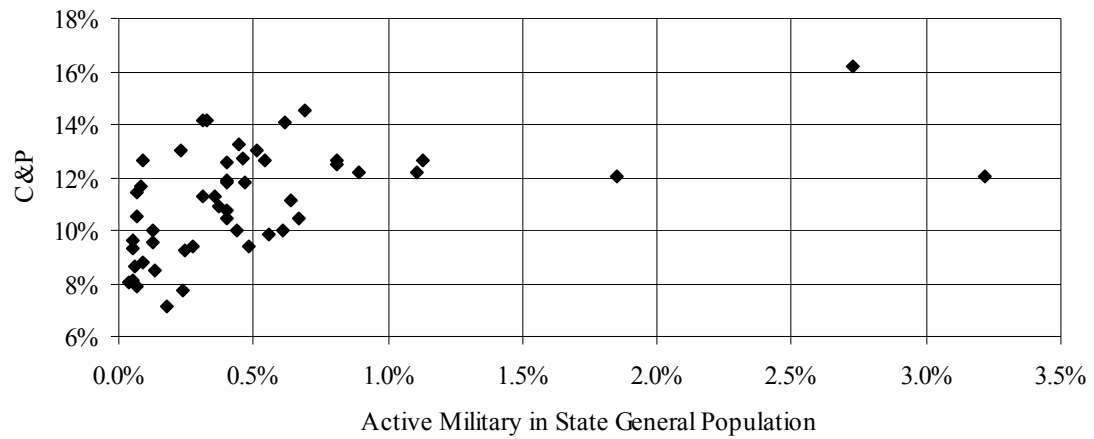
Figure B18: Retirees as Percentage of Total Population and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: DOD, DoD Statistical Report on the Military Retirement System - FY2001, 20.

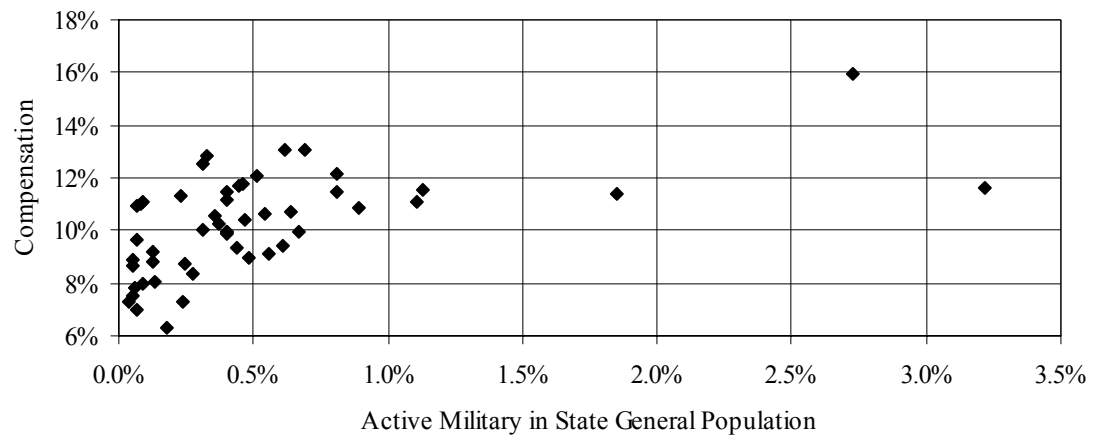
Figure B19: Active Military and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P39: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over.

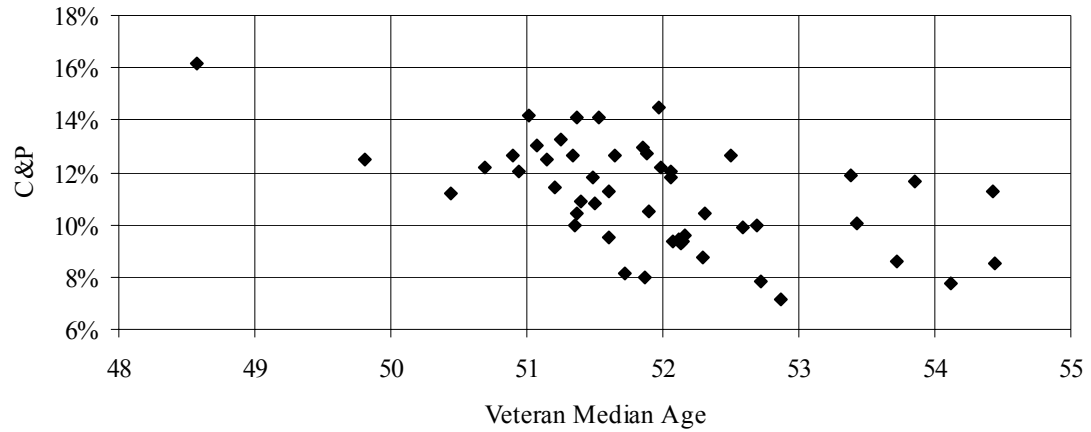
Figure B20: Active Military and Disability Compensation



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P39: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over.

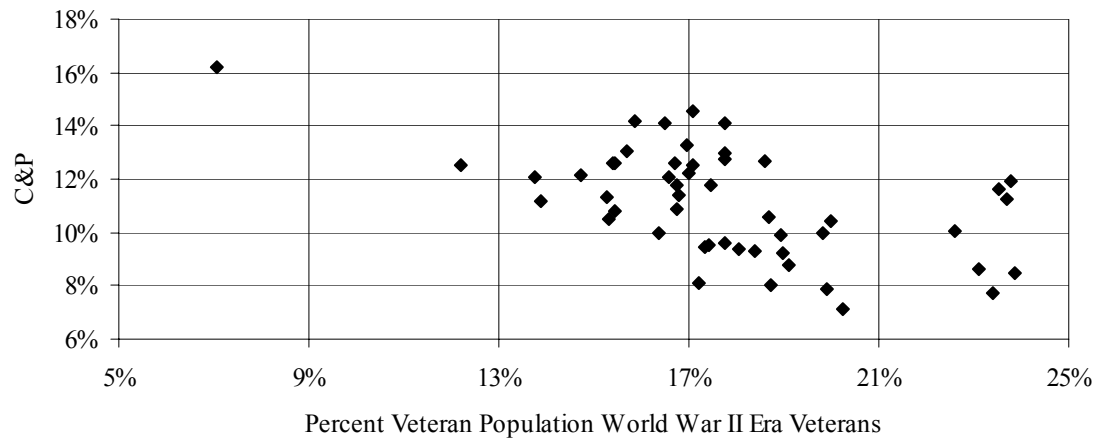
Figure B21: Veteran Median Age and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001, Table 1L.

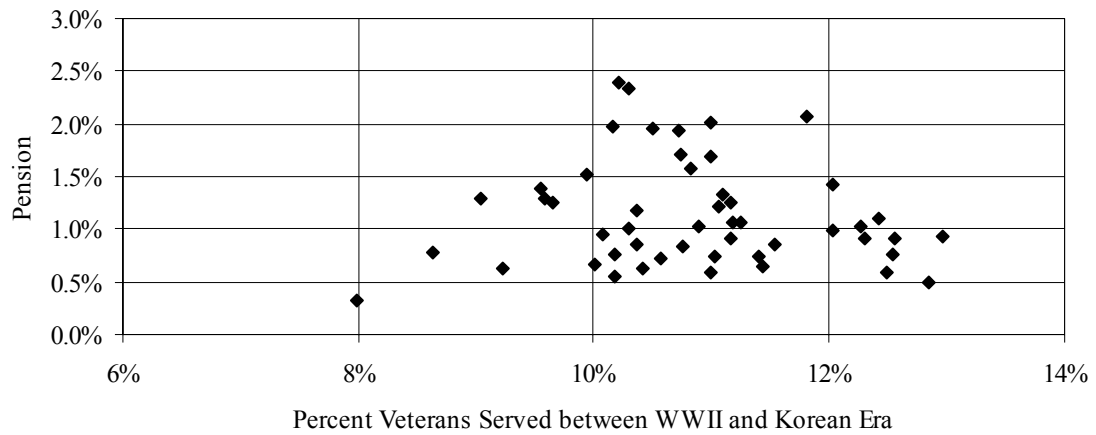
Figure B22: WWII Veterans and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

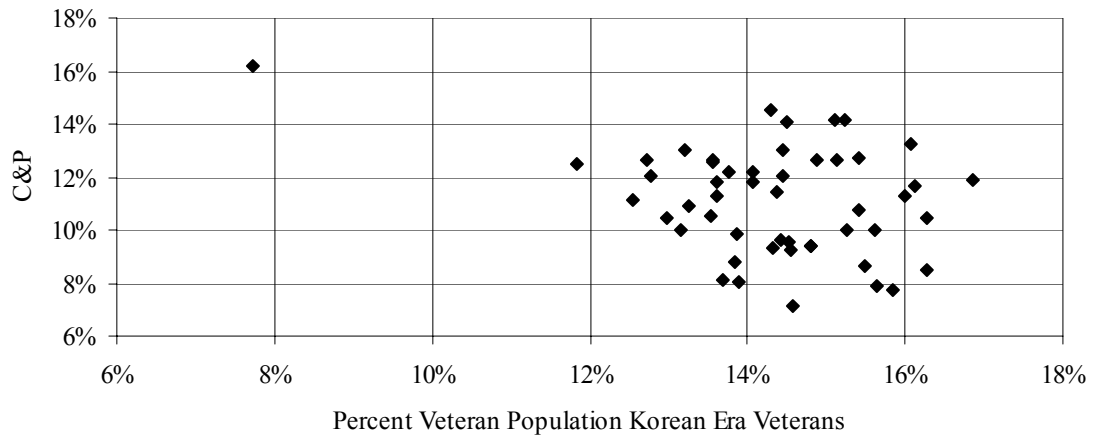
Figure B23: Veterans between WWII and Korea and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

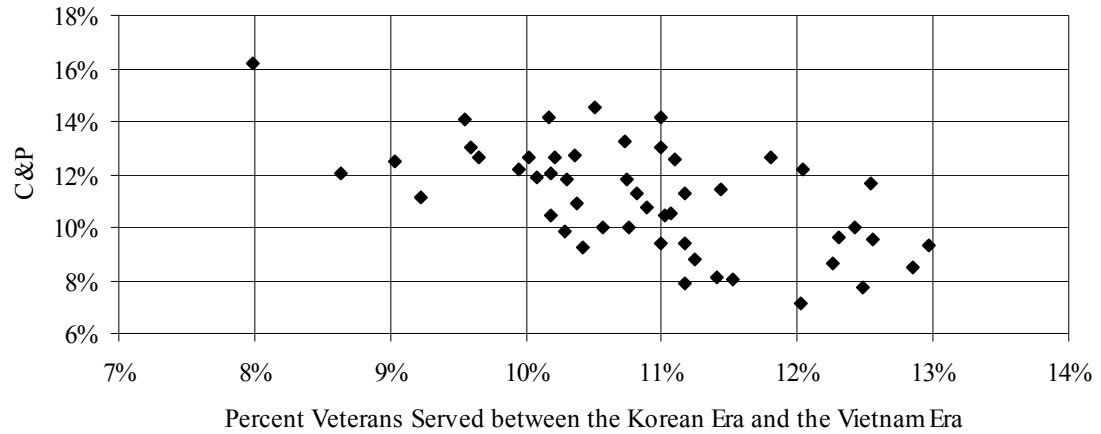
Figure B24: Korean War Era Veterans and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

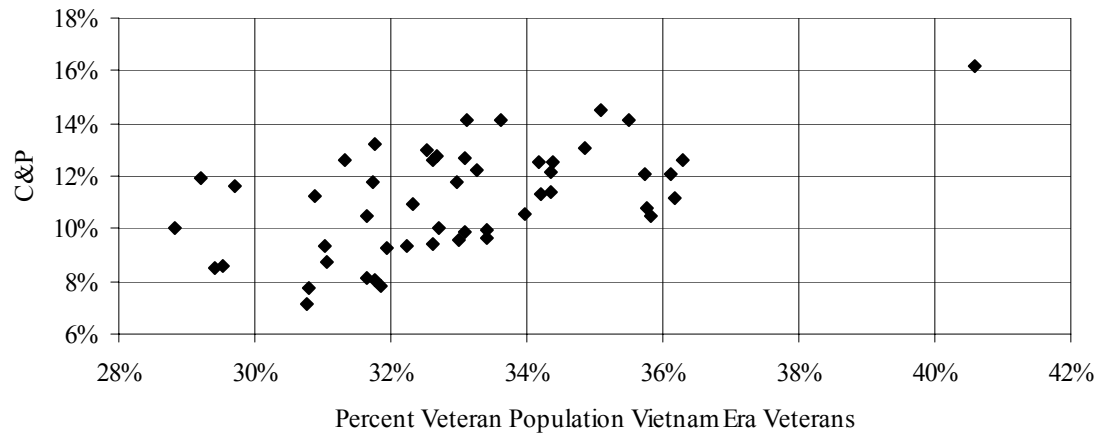
Figure B25: Veterans between Korea and Vietnam and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

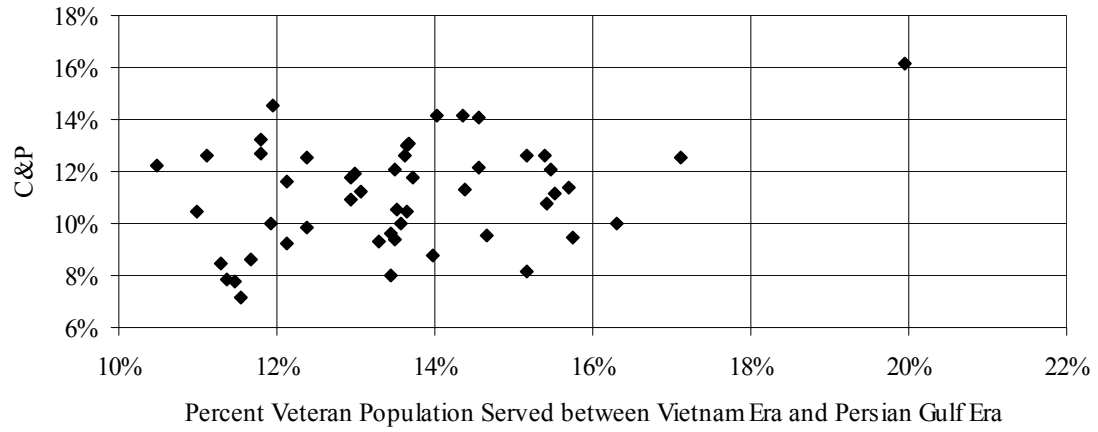
Figure B26: Vietnam War Era Veterans and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

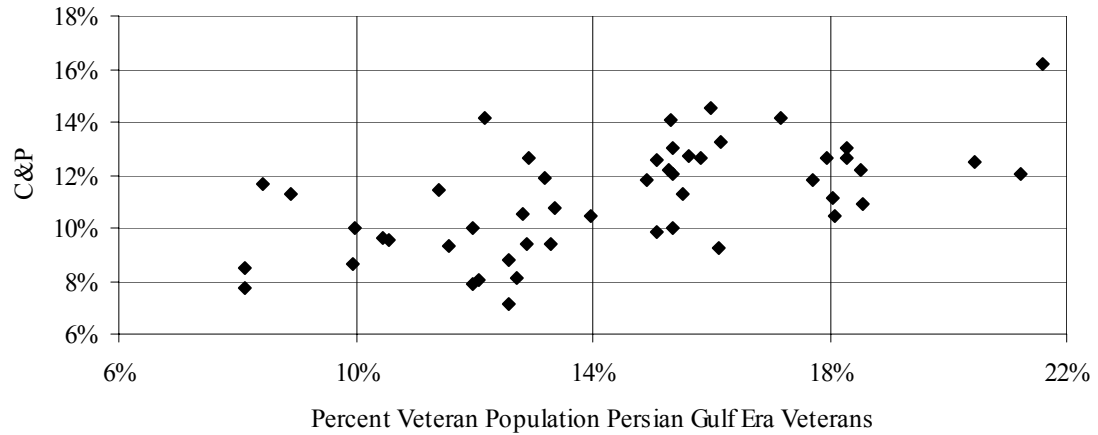
Figure B27: Veterans between Vietnam and Persian Gulf and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

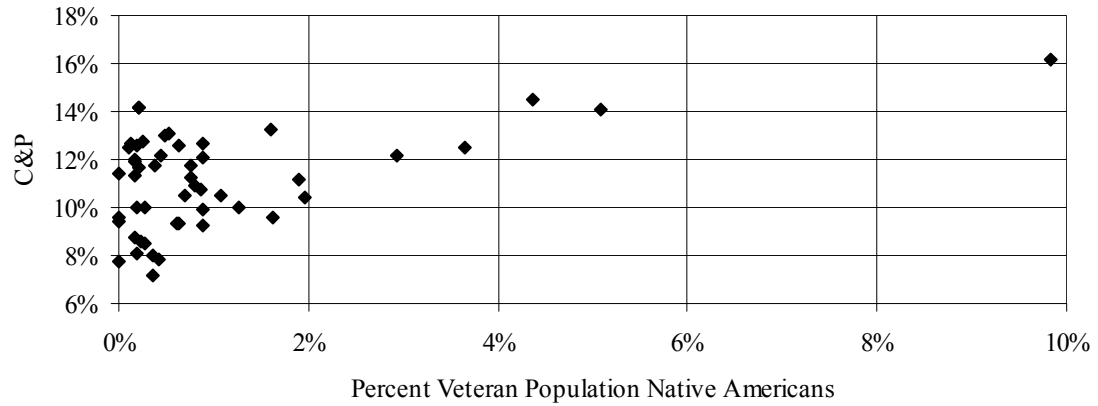
Figure B28: Persian Gulf Era Veterans and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

Figure B29: Native American Veterans and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P056: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over.

Figure B30: DAV Members and C&P

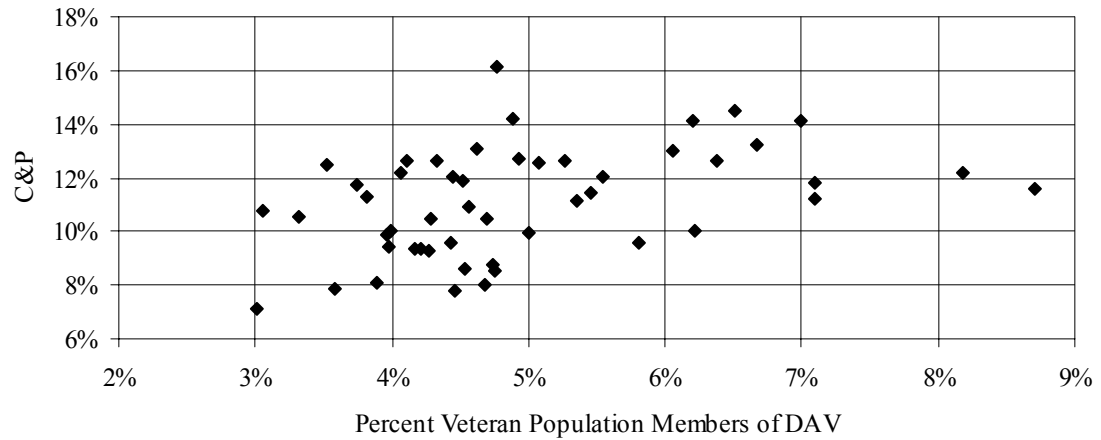
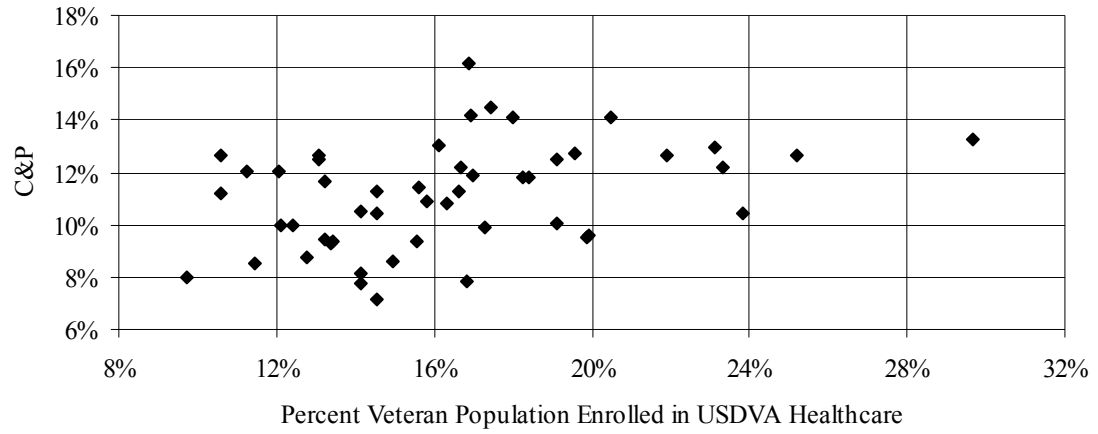


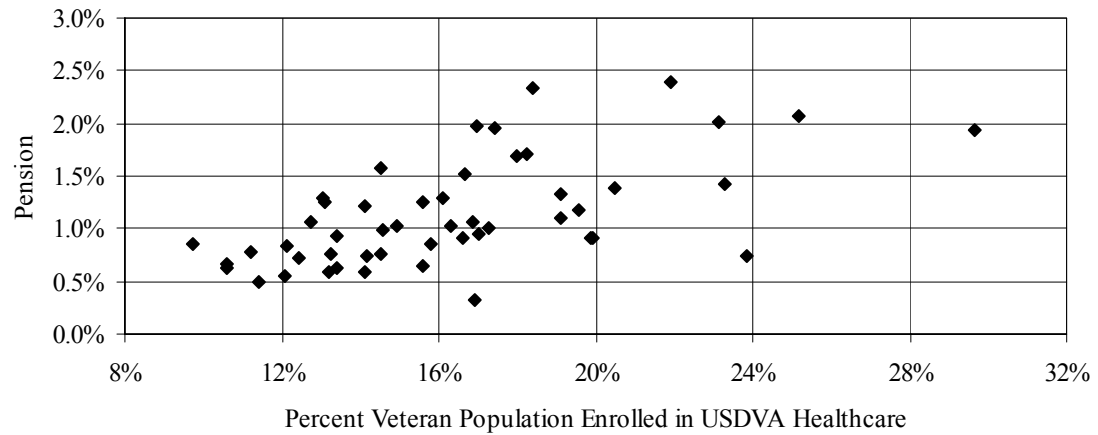
Figure B31: Healthcare Enrollment and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: NASDVA, VA Healthcare Enrollment, 1.

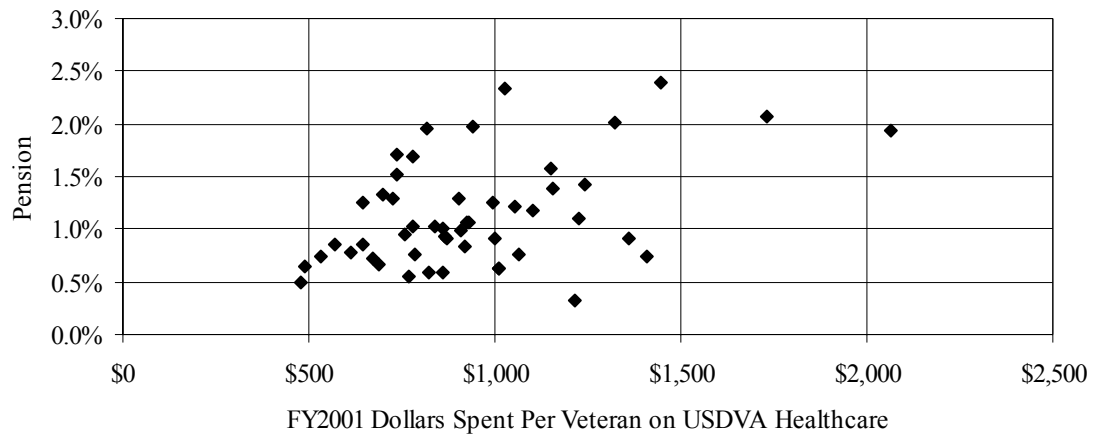
Figure B32: Healthcare Enrollment and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: NASDVA, VA Healthcare Enrollment, 1.

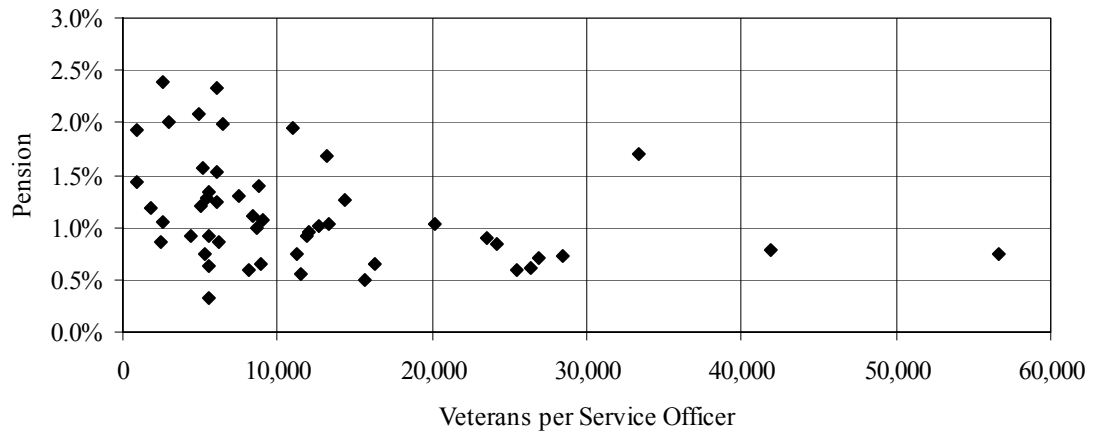
Figure B33: Healthcare Spending and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: Geographic Distribution of Veterans Affairs Expenditures for Fiscal Year 2001.

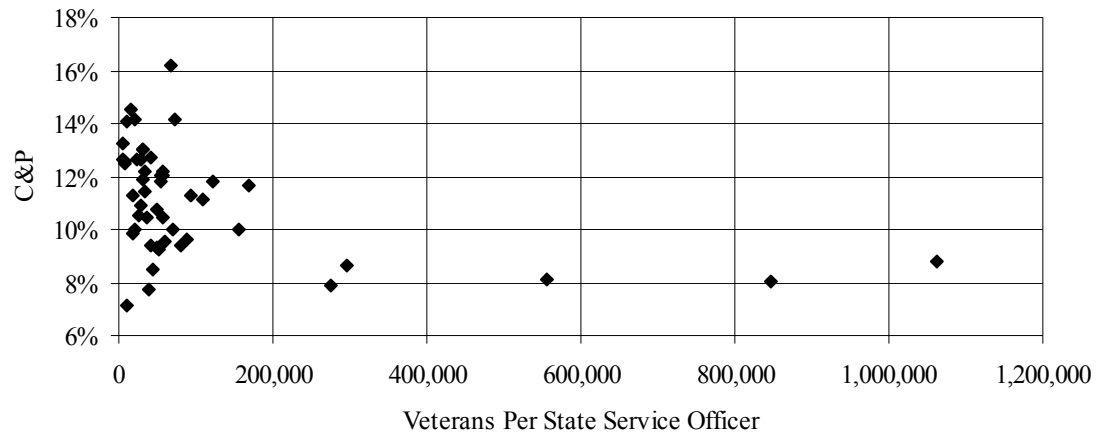
Figure B34: Total Service Officers and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: NASDVA, Service Officer Survey, 1.

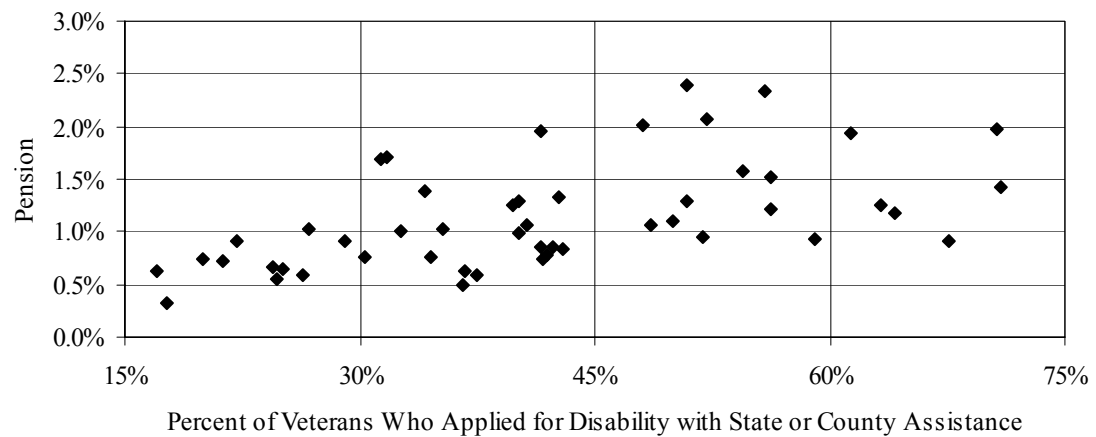
Figure B35: State Service Officers and C&P



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: NASDVA, Service Officer Survey, 1.

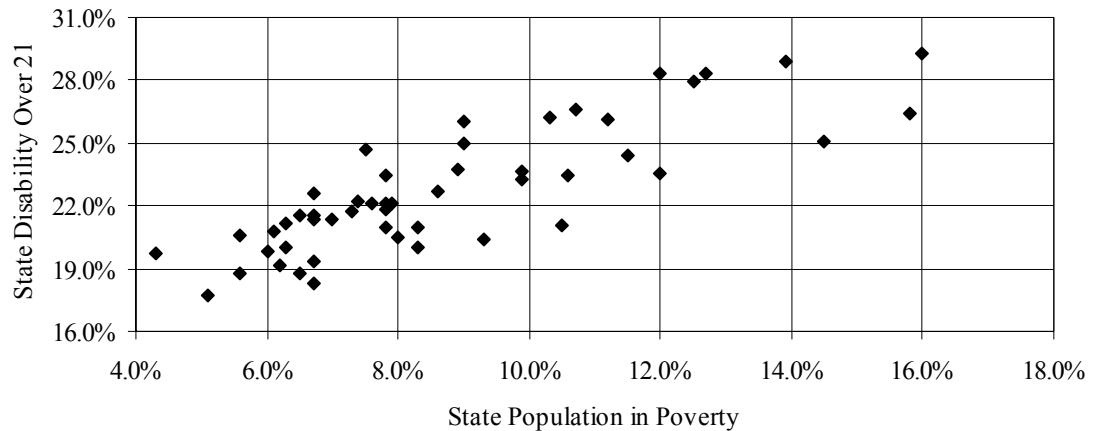
Figure B36: State or County Service Officer Assistance and Improved Pension



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, Survey of Veterans' Satisfaction with the VA Compensation and Pension Claims Process, A45, A46.

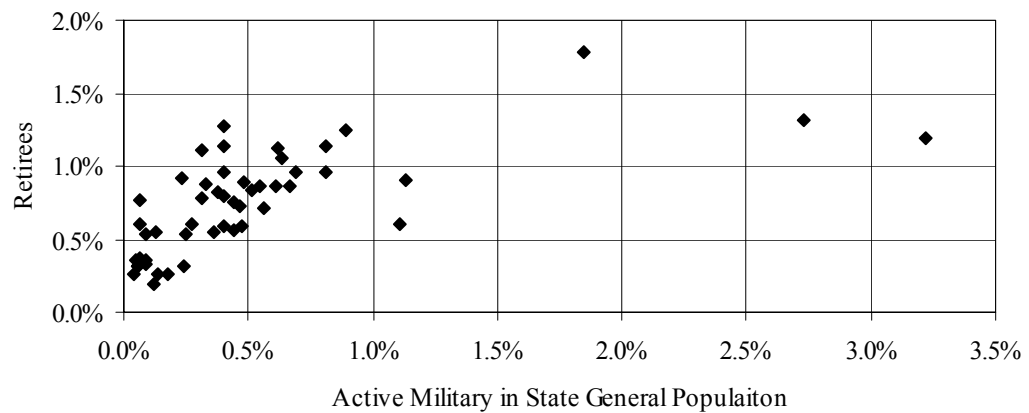
Figure B37: Poverty and Adult Disability



Source: USCB, QT-P21: Disability Status by Sex.

Source: USCB, GCT-P14: Income and Poverty in 1999 .

Figure B38: Active Military and Military Retiree



Source: DOD, DoD Statistical Report on the Military Retirement System - FY2001, 20.

Source: USCB, Census 2000 Ranking Tables for States: 1990 and 2000.

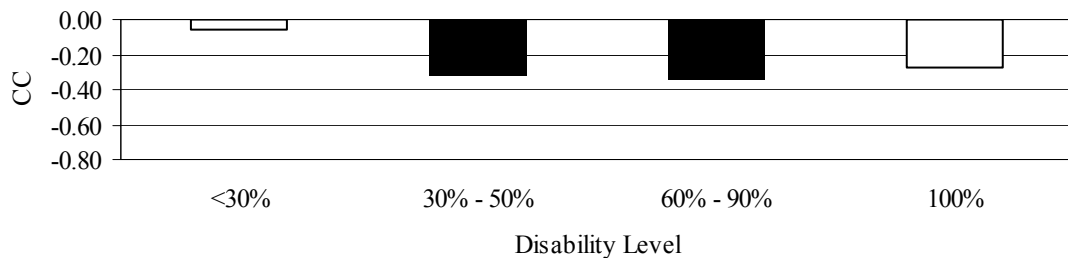
Source: USCB, P39: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over.

Appendix C

Bar Graphs for Significant State Factors across Four Disability Levels

Solid black bars indicate a significant relationship based on a t-test. For all graphs, the X-Axis lists the four disability level groupings used in this thesis. The Y-Axis lists the correlation coefficient (CC). Figures C10 and C23 show the average of the absolute values for the general population and veteran population figures.

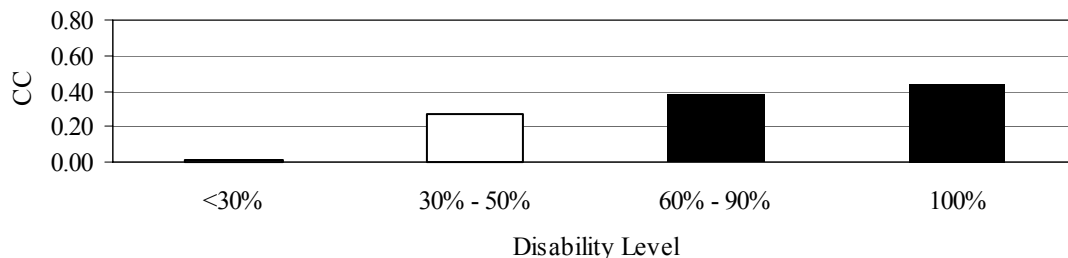
Figure C1: Population Density across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-PH1-R. Population, Housing Units, Area, and Density: 2000.

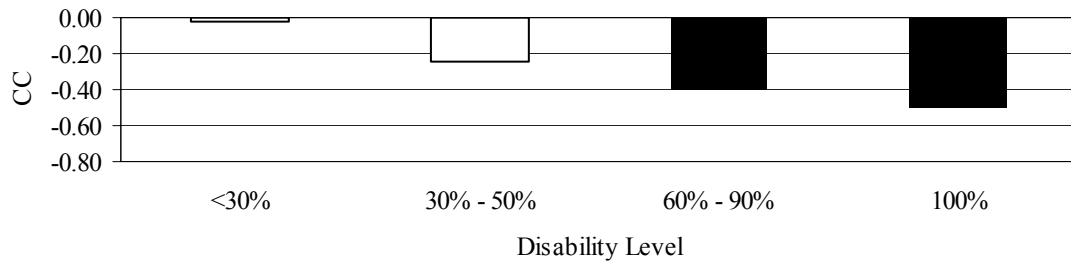
Figure C2: Rural Population across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P5. Urban and Rural.

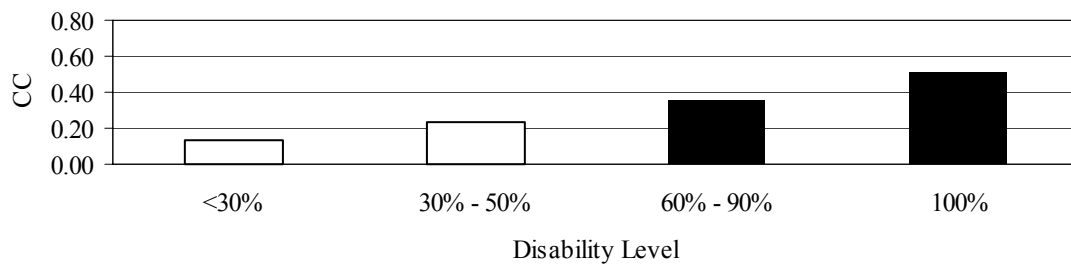
Figure C3: Per Capita Income across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-P14: Income and Poverty in 1999.

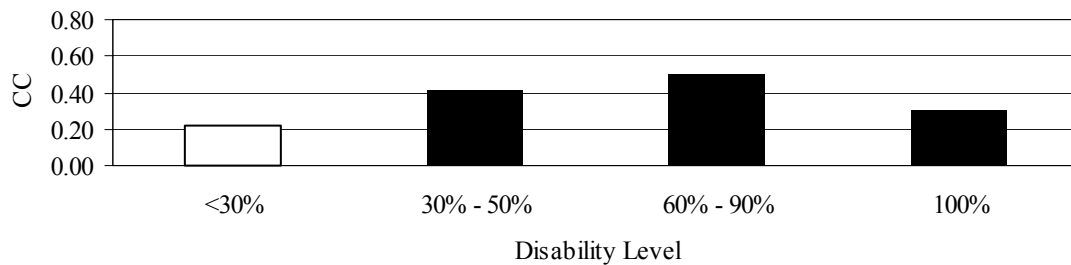
Figure C4: Poverty across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-P14: Income and Poverty in 1999.

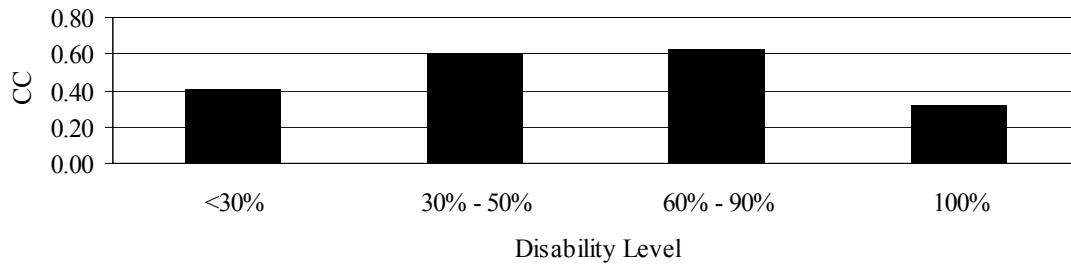
Figure C5: Public Assistance across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P64. Public Assistance Income in 1999 for Households.

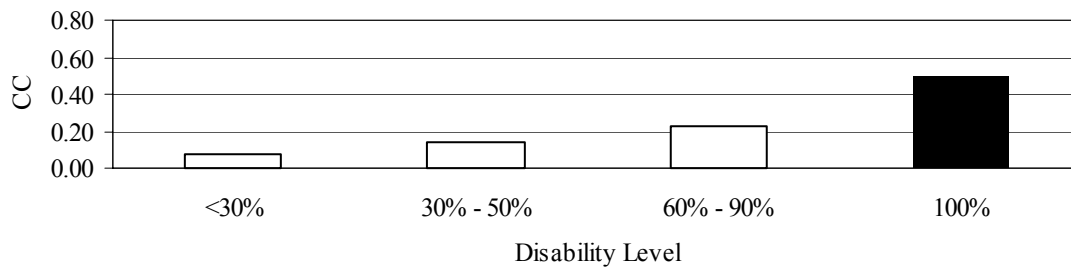
Figure C6: Native Americans across Four Disability Levels.



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, GCT-P6: Race and Hispanic or Latino.

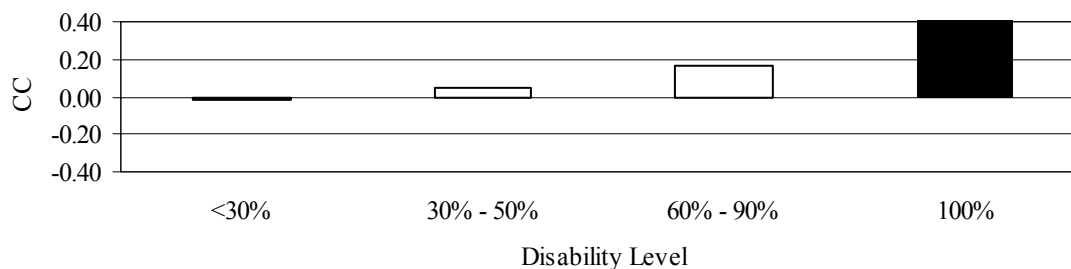
Figure C7: Adult Disability across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, QT-P21: Disability Status by Sex.

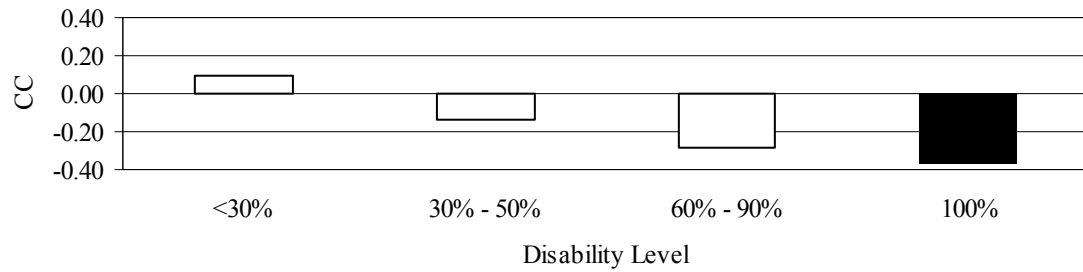
Figure C8: Households with SSI across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P63: Supplemental Security Income in 1999 for Households.

Figure C9: Bachelor's Degree across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, PPL-169: Educational Attainment in the US.

Figure C10: General Population Averages across Four Disability Levels

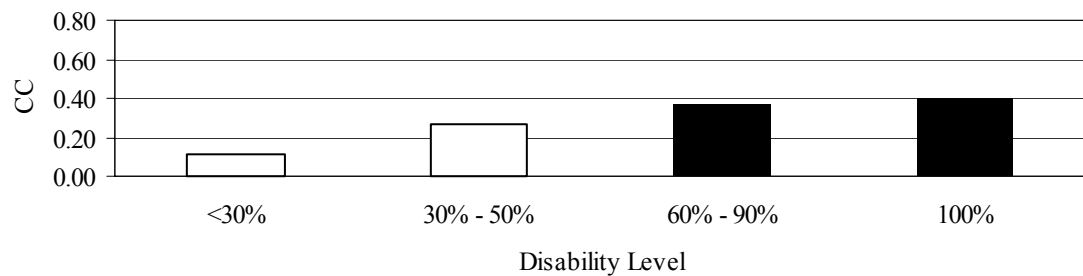
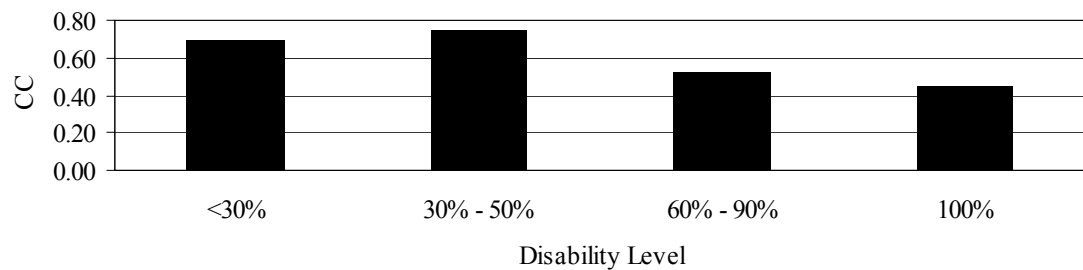


Figure C11: Military Retirees and General Population across Four Disability Levels.

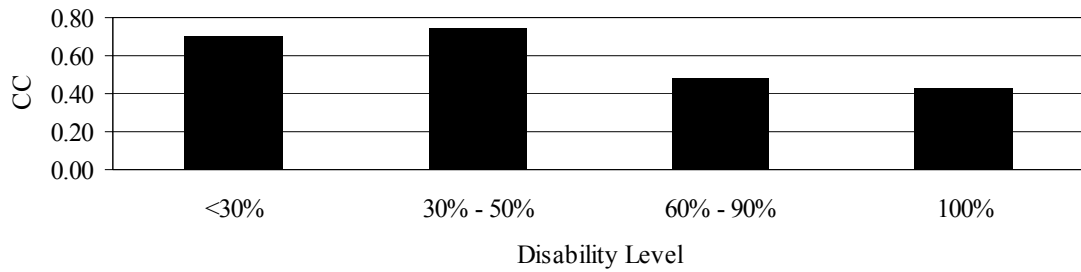


Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, Census 2000 Ranking Tables for States: 1990 and 2000.

Source: DOD, DoD Statistical Report on the Military Retirement System - FY2001, 20.

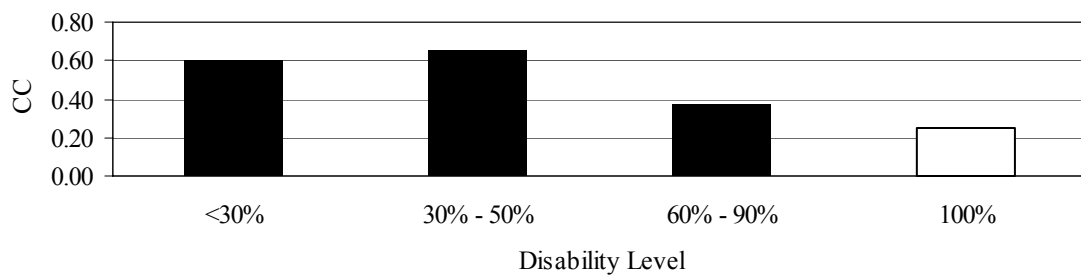
Figure C12: Military Retirees and Veteran Population across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: DOD, DoD Statistical Report on the Military Retirement System - FY2001, 20.

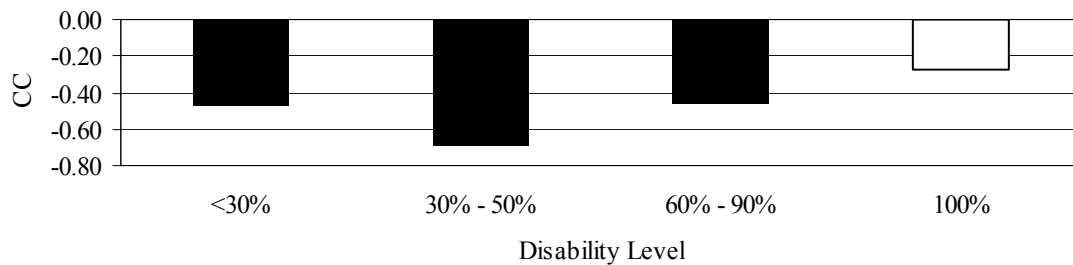
Figure C13: Active Military across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P39: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over.

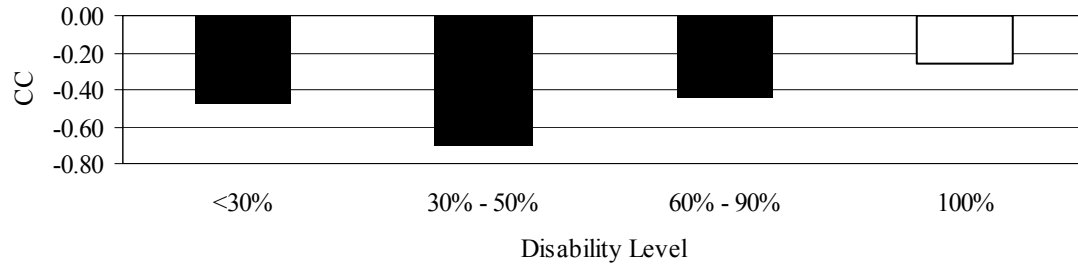
Figure C14: Veteran Median Age across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001, Table 1L.

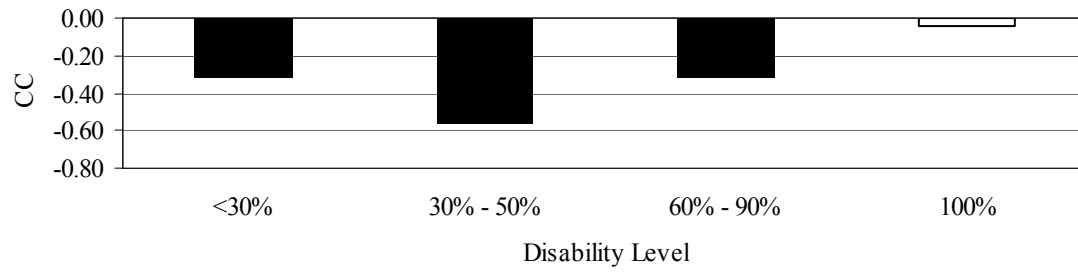
Figure C15: WWII Era Veterans across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

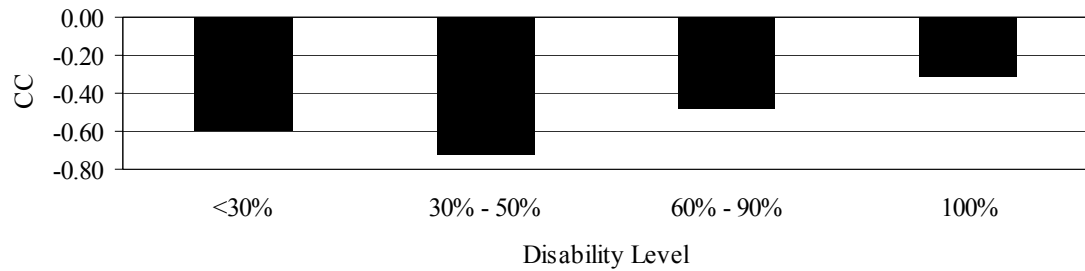
Figure C16: Korean Era Veterans across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

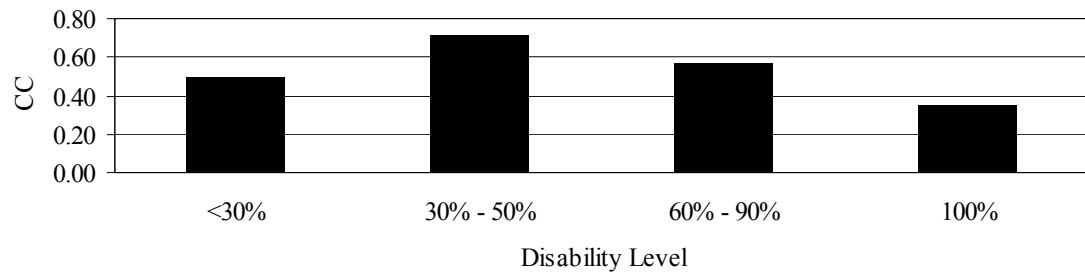
Figure C17: Peacetime between Korean Era and Vietnam Era Veterans across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

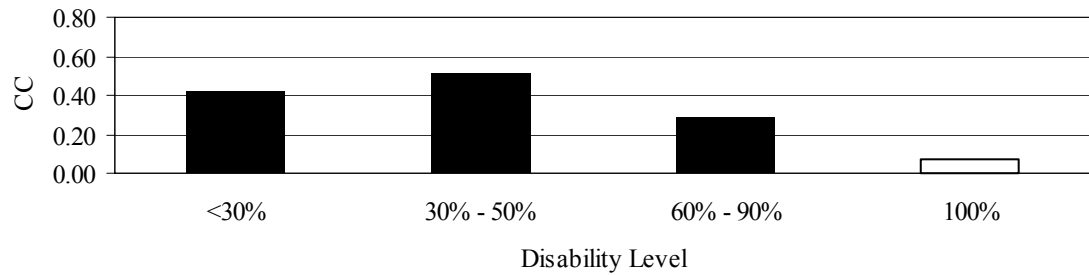
Figure C18: Vietnam Era Veterans across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

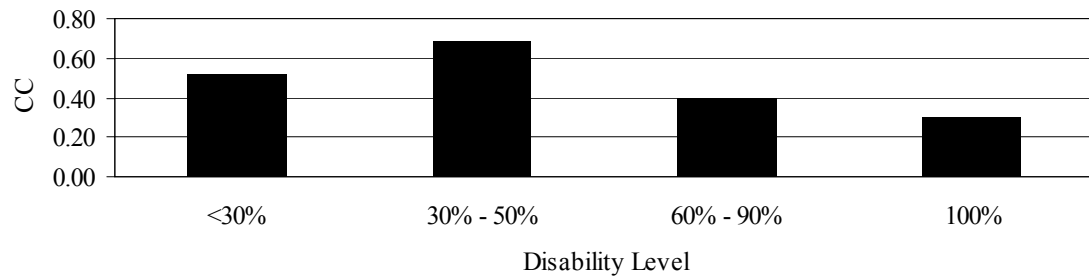
Figure C19: Peacetime between Vietnam Era and Persian Gulf Era Veterans across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

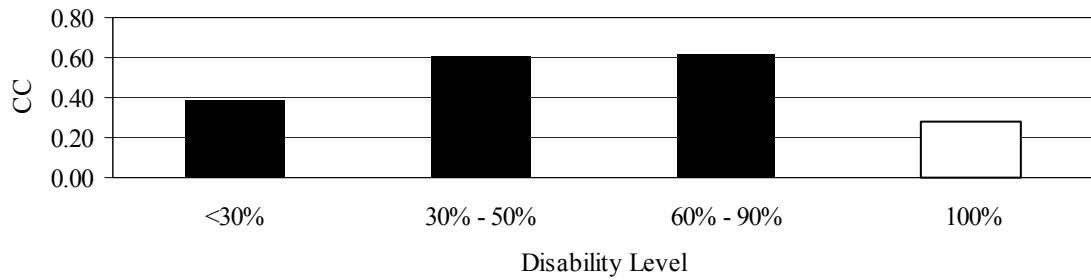
Figure C20: Persian Gulf Era Veterans across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USDVA, VetPop 2001 Adjusted, Table 2L.

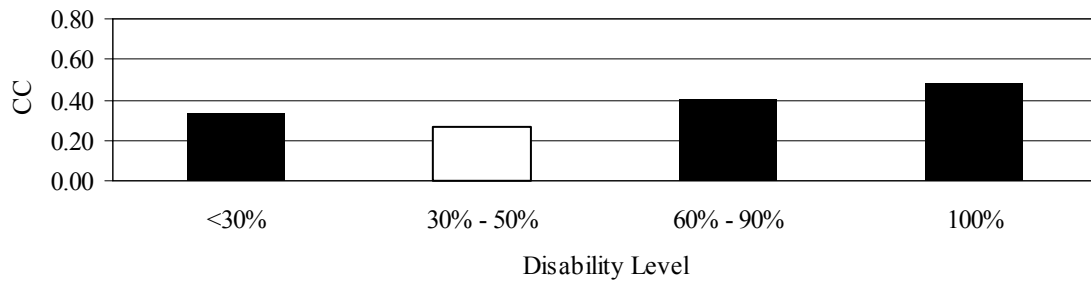
Figure C21: Native American Veterans across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: USCB, P056: Sex by Age by Armed Forces Status by Veteran Status for the Population 18 Years and Over.

Figure C22: DAV Membership across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: Disabled American Veterans, DAV Population Summary: State Report (Cold Spring, KY: Membership Headquarters, 2003) 1.

Figure C23: Veteran Population Averages across Four Disability Levels

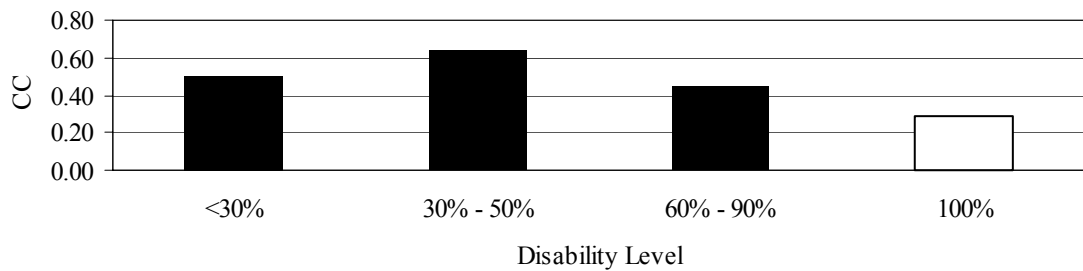
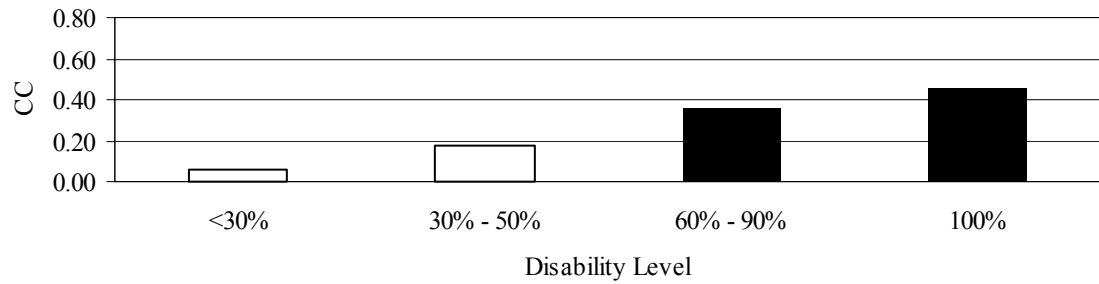


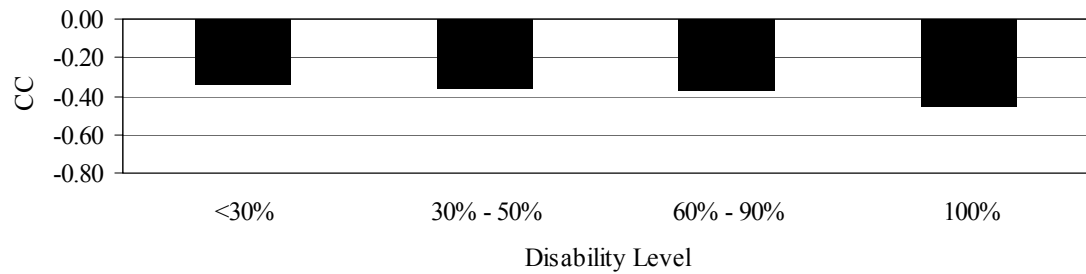
Figure C24: USDVA Healthcare Enrollment across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: NASDVA, VA Healthcare Enrollment, 1.

Figure C25: State Service Officers across Four Disability Levels



Source: NASDVA, 2003 State Disability Tables, 1-82.

Source: NASDVA, Service Officer Survey, 1.

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